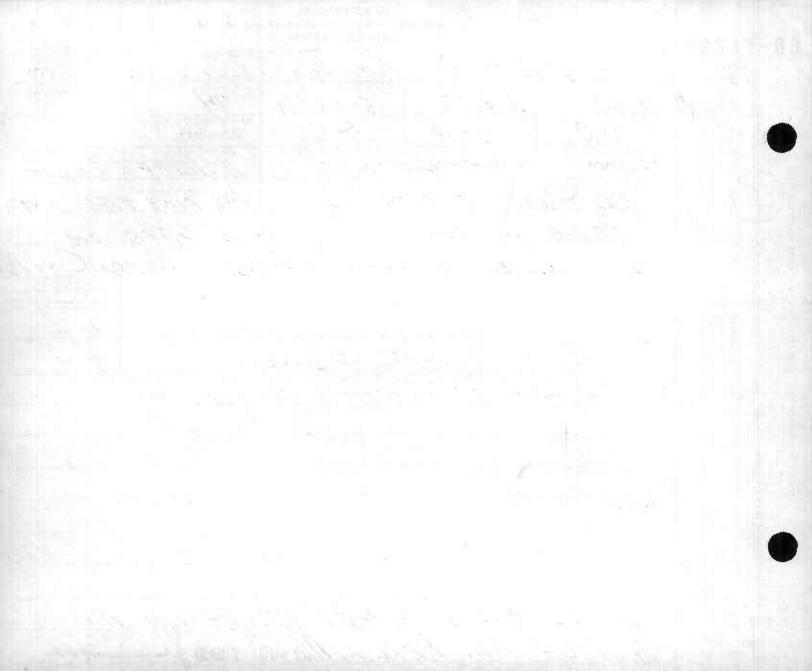
			FOR	STATE OF MARYLAND	2 1 3 7 5
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00-146	J U		EASED NAME FIRST	Table P. 1 LAST 20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
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ge 4 mo	10	1.5E)	MALE	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 16. AGE (INYEARSLAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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W. of the	r other t		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	you
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ATTENDI ospitol or CCTOR A for use	n 21 is m		saw the deceased alive an above, (I) (we) (did) (did no	y view the body ofter death.	that (1) (we) lost d hour and from the causes stated
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TO HOSPIT, retained by TO FUNER, should be dead of the Control of	PORT		22d. PHYSICIAN THAME (INIT)		
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DHMH - 16 60/ (VRA 15,		24 FL	NERAL DIRECTOR	F, H, ADDRESS PRESENTAR 256 DATE REC'D. BY REGISTRAR 256 RIVE	GISTRAR'S SIGNATURE



0-148	8 7 6	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3	76
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A OE	fre. po	3. SE			4 RACE	• 1	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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P. P.	of A C	W .	RTHPLACE (STATE OR FO			WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
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MAR ed w	elder D	F	elix Nettle	ton	WIDDLE	LAST		Florence Es	sther Hougtalen	Į,	AST
PRE,	5 5 5		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDRESSWa	shington	, D.C.
IIWO	Poges		No	(· ···Air Oir BATEO)	011-12-	7112	Leonard N. I	Davis, 3333 Conr		
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R ATT	ed for		obove, (I) (we) (di	d) (did no	t) view the body	ofter death	-	DEGREE	dediii occurred on the dote and t		E GIGNED
0 0 0	State De NT. If it	0	22d, PHYSICIAN'S NA	te	Kal	ielle	le	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/	31/8
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7 9 1	- 0 5 5	23a. E	URIAL, CREMATION, R	MOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTOR

Holloway Funeral HOme, P.A., Salisbury, Maryland

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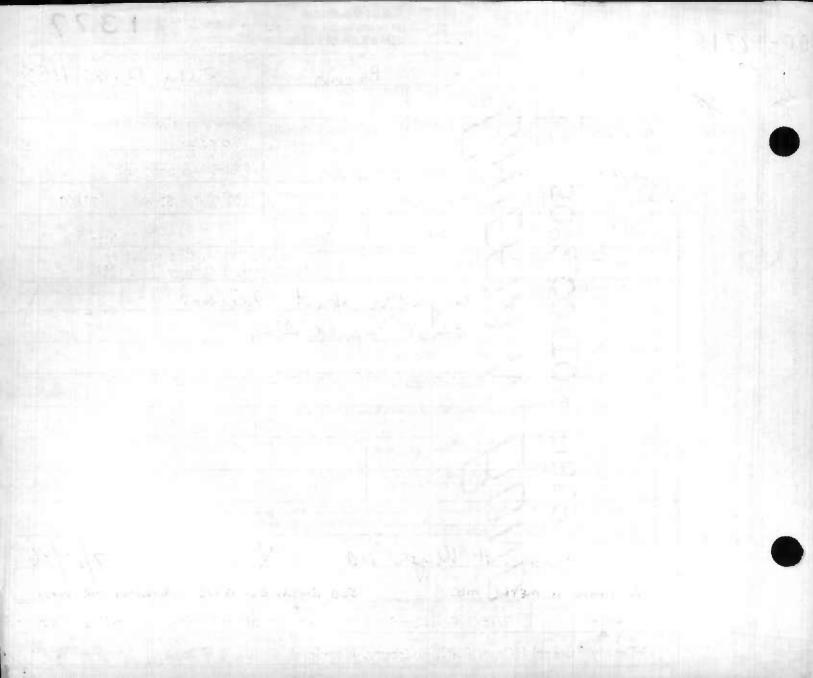
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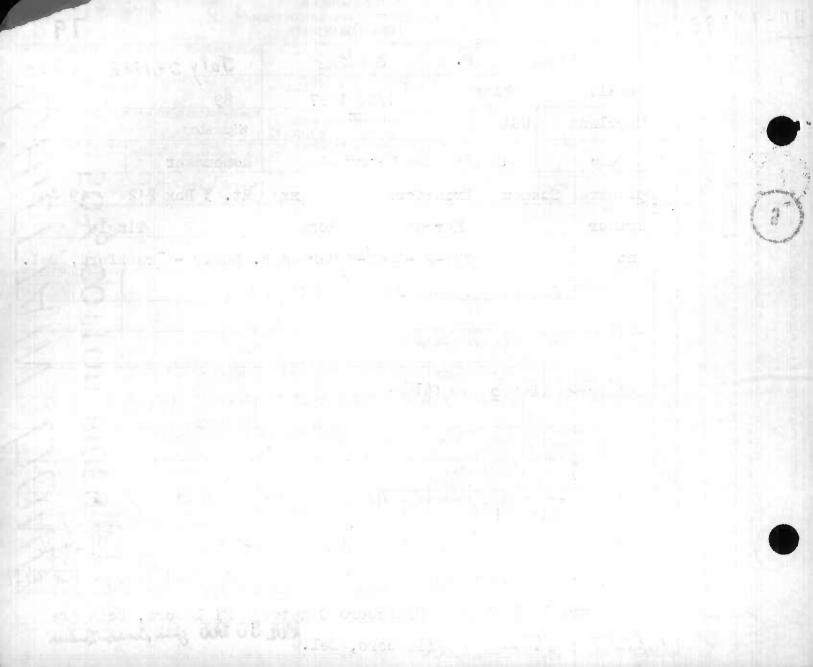
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ge 4 may	3. SEX	Male	RACE Black	S. DATE OF BIRTH . Aug. 12, 1915	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
nerol dire	7a BIF	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF WICOMICO	R COUNTY OF DEATH	MD
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135		RESIDENCE IF NURSING HOMEOR TATE 136 COUN Md THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY OR TOWN POCOMOR	ADMISSION) N 13d INSIDE CITY LIMITS? YES NO [130.STREET ADDRESS	ZIP CODE 5th. I	Ve/
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on ond or seed on ond or seed		(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVI 10	E WAR OR DATES) 217-05-			508 5th	
rtificate a physics emovol. event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and BBY: E CAUSE (a) O ACUPC	Ronal fe	villere.a	approx Between	IMATE INTERVAL ONSET AND DEATH
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he low ion. has been it permit rene prio	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES [NGS USED OF DEATH?
g physic g physic rentficate rial-trans entol Hyg	-	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	in .	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
ottendin ter this c is the bu	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
hospital ar RECTOR: Af RECTOR: Af ed far use o pt. of Health em 21 is ma		saw the deceased alive on above, (I) (we) (old) (did no		7 R.6 , 19 , ond that in (my) (our) opinion DEGREE	deoth occurred on the de		
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STATE OF MARYLAND

P-14486	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.
deop 3	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) ETHA M. BAKER July 24, 1986 7:12A
ge 4	female 4. RACE white 5. DATE OF BIRTH DAY YEAR 89 YRS. I BIRTHDAY DAY HOURS MIN MONTHS DAYS HOURS MIN
deoth.	BIRTHPLACE (STATE OF FOREIGN USA "NEVER MARRIED NEVER MARRIED WICOMICO" **BALTIMORE CITY OR COUNTY OF DEATH WICOMICO **MARRIED NEVER MARRIED WICOMICO **ARRIED NEVER MARRIED WICOMICO **ARRIED NEVER MARRIED WICOMICO** **ARRIED WICOMICO** **ARRIED NEVER MARRIED WICOMICO** **ARRIED WICOMICO**
by the	Salisbury 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital 120. USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE) NOMEMAKER 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (Type OF WORK FOR MOST OF WORKING LIFE) NOMEMAKER 120. LISUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE) NOMEMAKER 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (Type OF WORK FOR MOST OF WO
A Balled A	JSUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 STATE Delaware Sussex Frankford 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 19945
on ples	Arthur Murray Rosa Tingle LAST
rficate be exerting the physician and company and comp	66. WAS DECEASED EVER IN U.S. ARMED FORCES? (166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) (16 YES, GIVE WAR OR DATES) (17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) (17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
res that the death cert ned by the attending n please remove carbo vural, cremation, or ret y, or other troumatic e	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a.
in: The low in thysician. It is the low in t	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 17EM 18 PART 1 OR PART 2)
DING PHYSICIAN: or attending physicians and after this certifical is as the buriol-from oith and Meental His:	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 216. PLACE OF INJURY INTURE OF INJURY I
R ATTENDIN hospital or RECTOR: Afr eed for use a pt. of Health	270.1 certify that (I) (this hospital) attended the deceased from 1986, to 129, that (I) (world saw the deceased alive an 23, and that in (my) (sum) opinion death occurred on the date and haur and Iram the causes stated above, (I) (we) (did) (did not) view the body after death.
SPITAL OI by the VERAL DI be detach State De State De	276. SIGNATURE DEGREE M.D. ATTENDING MEDICAL STAFF 24/86 27d. PHYSICIAN LIVAME (TYPE OR THI) 27d. DATE SIGNED 27d. ADDRESS
Shoot Shoot	KODNEY A.V WENRICH 100 POWER ST. SALISBURY Md. 218 30 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE
DHMH - 16 60M 7/84	Burial 7/27/86 Millsboro Cemetery Millsboro, Delaware FUNERAL DIRECTOR Keehad T. Water Millsboro, Del.



00-12717	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 T - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	1380
oy be	1. DECEASED NAME (Carrie McNamahra Beale 20 DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DA	86 5 A
2 de 4 de		FUNDER 1 YEAR FUNDER 24 HRS
od the south	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED WICOMICO WICOMICO	OF DEATH MD.
ors offer d	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (19 NOT IN SUCH FACILITY. GIVE STREET ADDRESS) A 15 hury 12 LUSUAL OCCUPATION (19 FOR WORK FOR MOST OF WORKING LIFE) Retired Teacher	126. KIND OF BUSINESS OR INDUSTRY
AND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 134. STREET ADDRESS / ZIP CODE Maryland Wicomico Salisbury YES NO 413 Forrest Lan	ne 21801
MARYL mpletely ond 2 s		Ford LAST
BALTIMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. (14 YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 219-36-5799 Same as # 13e	ter)
tDS, 201 W. PRESTON ST.	PART 1. DE ATH (Enter only ane cause per line for (a), (b), and (c.) PART 1. DE ATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
AL RECORDS, the low required in the low required in the permit. Then the prior to be now any injury to be now any		WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The attending physician that this certificate has the buriol-transit pit and Mental Hygier orked or Item 18 show orked or Item 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	RT I ORPART 2) COUNTY STATE
L OR ATTENDI the hospital or L DIRECTOR, A stoched for use e Dept. of Heal	WHITE NOT WHITE AT WORK AT WORK (IT PROPRINT) AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN 19, to	9, that (t) (we) lost
(2)	230. BURIAL, CREMATION, REMOVAL 23b DATE 7/15/1986 VICOMICO Memorial Park Salisbury, Wico	Maryland
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTR	

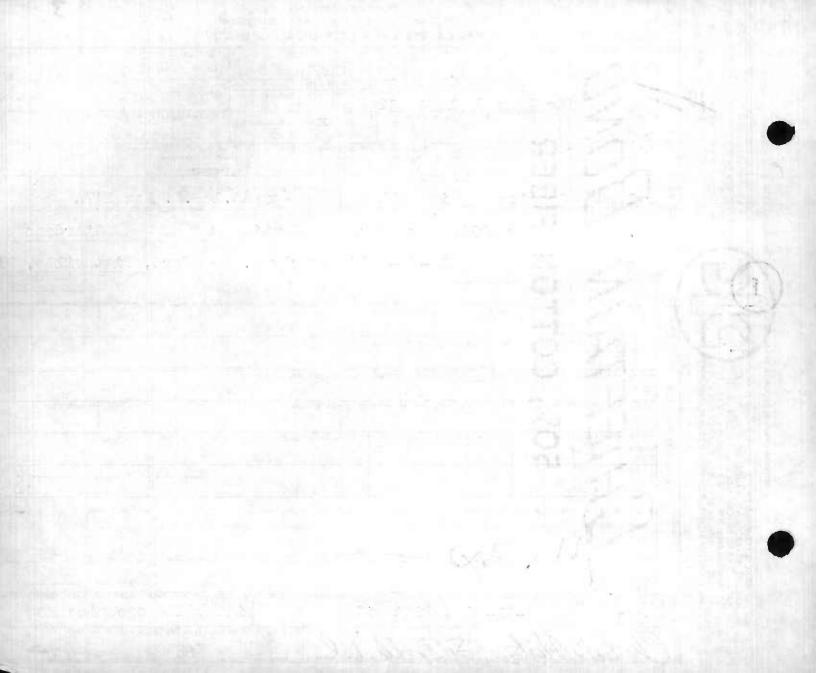


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Z 2 5 .		CEASED NAME FIN	zabeth	D.	B	Bell 1	TUIV 10.19	86 00 15 M
The state of	1.58	Female	4. RACE White		S. DATE C	., 011	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	ONTHS DAYS HOURS MIN.
	- 2	country) (STATE OR FOREN	and U.S		WIDOWE		BALTIMORE CITY OR COUNTY O	MD.
1 11 8	9	alisbury	Penins	ula Gener	al Ho	or other institution ospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerical	126. KIND OF BUSINESS OR INDUSTRY
	13 N		COUNTY ICOMICO	Salisbury	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	321 Cedar Drive	21801
	/1	LOUIS		ickerson		Katie	Rob	ertson
the same		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	VES CIVE WAR OR DATEST	166. SOCIAL SECU 220-12-02		Same as #1:	Bonnie E. Garris (D 3e	
a physics on paper emoval.		18 CAUSE OF DEATH (E PART I. DEATH WAS (nter only one couse per CAUSED BY. AEDIATE CAUSE (a)	SE371	CEM	IA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the size the solution of cremit		couse (a), stating		OLE M				
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offer the both and hand hand hand hand hand hand hand	MEDIC	21d. INJURY OCCURRED	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC.)	ZIF LOCATION STREET	CITY OF TOWN	COUNTY STATE
SECTOR: 1 SECTOR: 1 of few one c. of them		220.1 certify that (I) (the saw the deceased a above, (I) (we) (did)	s hospital) attended the live an (did not) view the body				death accurred on the date and hour	
RALDIR detache note Dep	1	22b. SIGNATURE		~)	DEGREE AFTENDING PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/1986
tronger of Hose of the Share of		V.A. Rao,	M.D.	0		614 Eastern	Shore Drive, Salis	bury,Md. 21801
BP		BURIAL, CREMATION, REM	7/12	2/1986 W	icomi		ark Salisbury, Wicon	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Iollöway Fune	ral Home, F	A., Satist	oury,		e REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

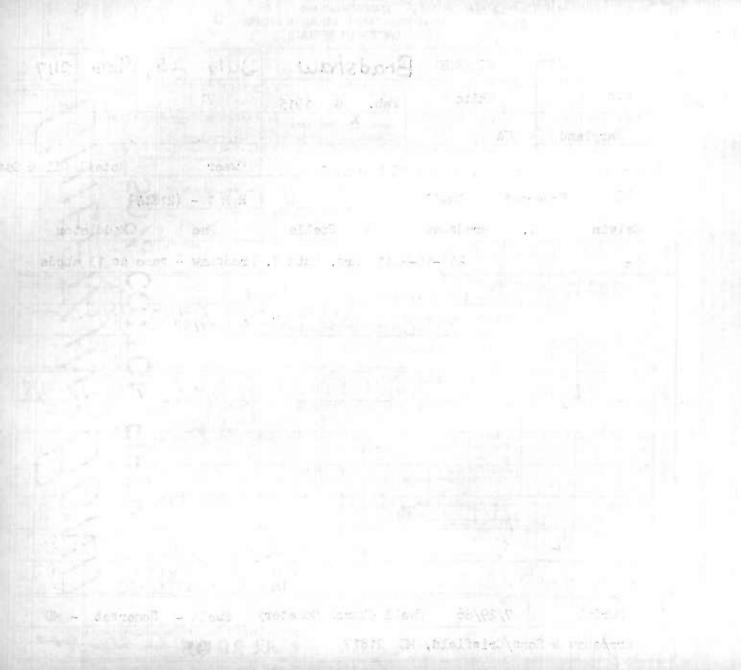
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			reign country)		TICA			WIDOW		VER MARRIED		Wicc	mico	Cour	1		
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1 Z	THIN HOLL CLINE FERMIT TAL HYGIENE, SR REMOVAL.	7	9150		E CAUSE (o)		Multipl		uries	-							
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y 10	MEN NEW		lying couse los		DUE TO,	OK AS A	CONSEQUENCE	OF									
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DIVISION OF VITAL RECORDS,	ULID BE EXECUTED "PENDING" FF MEDICAL FF MEDICAL FF MEDICAL FF HEALTH AND MENTA AL, CREMATION, OR F	Z					RELATED TO THE TEN	MINAL DISERS	L OK CONDITION	OITEN IN FARI	10						
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_	E, WRIT RWARDI RWARDI : PAGE STATE D, 21201	-	AT WORK AT	WORK E		road		60	Foot R	Rd.	Pit	ttsvi	lle	Wic	comic	0:0	MD
	FR. T FORW FORW ND. ST. P		22a 1 certify tha	t I took charg	e of the remains	described	obove, held on	Autop	x X	Inspection [□.	Inquiry		ond in my	pinion		
	MAN HELD	2000	death resulted fro	m: Notur	ol couses ,	Accid	ent X, S	uicide 🗌	, Homici	ide .	Undeter	mined mo	nner],			
	DIE VAN		ACTUAL	$\Lambda \Lambda$	0	1			TITLE (SP	PECIFY)							
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	WO WED	-	EXAMINER'S MAN	E Ann	M. Dixo	n. M.	D.			111 F	Penn	St.	Bal	to.,	MD	2120	1
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAL PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WHAT THE BALTIMORE, MARKLAND	73a B	JRIAL, CREMATION	REMOVAL 17	3h DATE	16	12. NAME OF C		ADDRESS								
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25M	DHMH 17		JOEPAL PIRECTOR	1.04	ADDI			2 9	0 2	Sa. DATE REC	C'D. BY R	EGISTRA	R 256 RE	GISTRAR'S	SIGNAT	URE	
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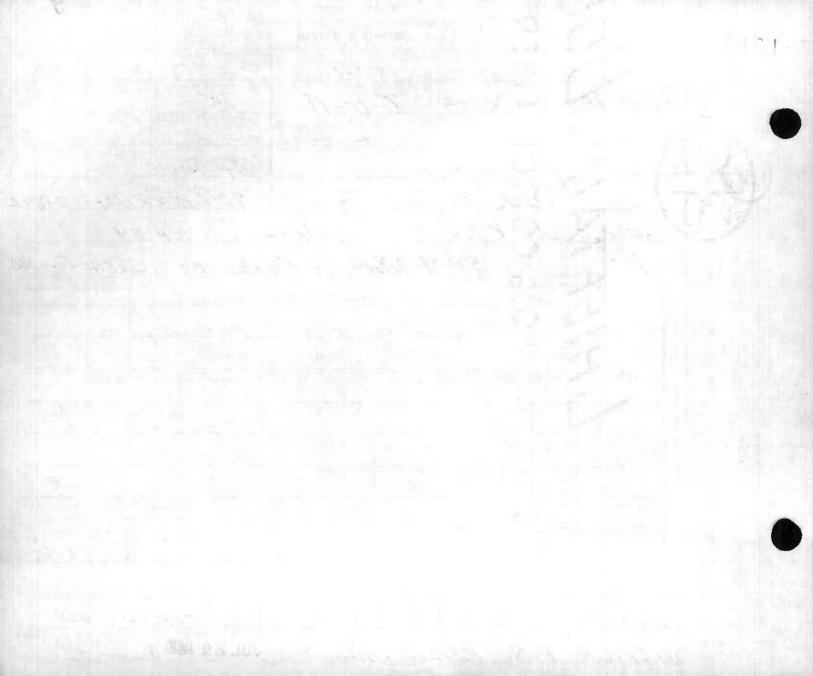


noy be poge 3 or deoth			CEASED NAME FIRST JOH	N WI	LLROY	Brad	Islaw	July 25	, 1986 211	UR M
oge 4 mo rector, po urs after o	40	3. SE	Male		ite	5. DATE O	8 1915	6. AGE (IN YEARS LAST BIRTHDAY) 71		
deoth. Pe	2		OUNTRY) Maryland	USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY OR COU		MD.
by the fulled with	0	S	alisbury	Penins	ula Gener	al Ho	spital	126. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK!	126 KIND OF BUSINI INDUSTRY Retail Oil	
Marie	10			orotherinstitution JNTY erset	130. CITY OR TOWN Ewell	admission) V	13d INSIDE CITY LIMITS? YES NO A	RR 1 - (218	ODE (24)	
omplete)	100		THER'S NAME Calvin		radshaw		Stella	Mae	Middleton	
Poges,	medion 1		(IF YES.	RMED FORCES?	218-16-9		Mrs. Ruth V.	Bradshaw - Sa	me as 13 abcd	
gned by the mipleone re- buriol, even	injury, or other	TION	PART 2 OTHER SIGNIFICAN CHOP 190 DATE OF OPERATION	conditions c	ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	EATH BUT	I m forch		FYES, WERE FINDINGS USE	
De sept	871	CA								
thing physician, the faw required physician, in certificate has been a burial-transit permit. The Mantal Hygens prior to	or here 18 shows only	EDICAL CERTIFICATI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF T	HOUR A	.M. MONTH DA .M. OF INJURY	Y YEAR	211 LOCATION	YES NO		can't
OR ATTENDING PHYSICIAN. The fore requesional physician. DIRECTOR. After this certificate that been a sched for use on the buried from a permit. The Dept. of Health and Mantol Hygerse prior to	if hem 21 is marked or litter 1III how cony	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF (PLACE (AT HOME, S1 pitol) ottended the	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA ng deceosed from	19 ARM.ETC)	211 LOCATION STREET		COUNTY , 19, that (I) (toted



(VRA 15, 4)

STATE OF MARYLAND



0-13178	Ľ	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 3	0
y be		F OR PRINT	ladys		Girling	_	rown	July 15, 1		YEAR 25 HOUR
· 99 4 mo	135	Female	4 F	White	Assembly the	5 DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DATS HOURS MIN.
decth. Pog	E	IRTHPLACE (5 ATE OR FORI COUNTRY) ngland		U.S.		WIDOWE		9 BALTIMORE CITY O WICOMI		ATH
201	SA	ITY OR TOWN OF DEATH	9	28 W.	ISABELL/	A STR	EET	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake)	WORKING LIFE) INDI	CIND OF BUSINESS OR USTRY
AND 213	130	/	COUNTY Wicon	nico	Salisbury		13d INSIDE CITY LIMITS? YES NO	13. 928 W. Isa	bella Stre	et 4801
MARYL within	V	Walter		äham	Gĭrlin		Eliza	Lydia	Co	
be execu		WAS DECEASED EVER IN YES, NO NOWN) (U.S. ARME(IF YES, GIVE WA		216-38-		928 W. Isabel	y A. Brown (la Street, Sa	Daughter lisbury, M	laryland 2180
RDS, 201 W. PRESTON S' equires that the death cert signed by the attending Then please remove corting to burnol, cremation, or re- to burnol, cremation, or en-	NO	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse	the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NAL DISEASE OR COND	DITION GIVEN IN P	ART Ita
AL RECOI	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
NG PHYSICIAN: T offending physicial there is certificate on the burial-fransis in and Amenial Hygin orked or frem 18 sh	MEDICAL CER	71g. ACCIDENT WAS UNDERLE OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL)	SE OF DEATH	215 TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TORP	ART 2)
DIVISION NG PHY offer this os the bu th ond M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		71e PLACE (OF INJURY BEET FACTORY OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOV	vn cou	NTY STATE
ATTENDI Sspital or CTOR: A Afor use of Heal		22a I certify that (I) (the sown the deceased a obove, (I) (we) (did)				, or	d that in (my) (our) opinion o	eoth occurred on the do		, that (I) (we) lost om the couses stated
ITAL OR. Sy the hory RAI DIRE detoched tote Depti		226. SIGNATURE	um				ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED 7/17/1986
TO HOSPITAL TO FUNERAL should be det with the State		Jasoph	T (TYPE OR PRI	1	022A			moun St.	Salish	ny mo
BP		(SPECIFY) Burial	MOVAL 2	36 7/18/			METERY OR CREMATORY Il Memory Gar	23d LOCATION dens Hebron,		
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR Holloway Fur	neral H	Home,	P.A., Sali	sbury,	Maryland 750. DATE		Sh. REGISTRAR'S SI	

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	11.	FOR STATE		DEPAR		EALTH AND MENTAL HYG	IENTE O	3 8	7
00-12010	1,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
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oy be	(TYP)	E OR PRINT)	lelen	T	KUNC	dick.	1	7 06 860	450
poge r dead	3. SE	X	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 mo ector, po rs ofter			106.14	NO MEN	MONTH		0.7	MONTHS DAYS	HOURS MIN.
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72 bg		IRTHPLACE (STATE OR I	FOREIGN 76 CITIZEN O	F WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR		
de of leot			ginla USA		WIDOWE		The state of the s	omico	MD.
re et)0 €	ITY OR TOWN OF DEA	ATH 11 NAME OF			R OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR
6 TO 76	1	MISDURI	4	Willmil	WIW	irsing plane	Housewife		estic
E C A E OF	USU	AL RESIDENCE (IF NURS	OR OTHER INSTITUTIO	IN GIVE RESIDENCE BEF	ORE ADMISSION				20000
Page 1	_	irginla	ACCOMACK	13t. CITY OR TO		13d INSIDE CITY LIMITS?	Rt. #316	07401/	14499
2 de 1		ATHER'S NAME	Accomack	Parks	пеу	YES NO X		23421/	(/ / /
with with d 2	1	FIRST	WIDDLE	LAST		FIRST	MIDDLE	LAS	Te
E MA	/	Hanson	Flornoy	Shrie		Margaret	Susan	Russell	
NORE, sond or each	-0.0	WAS DECEASED EVER	IN U.S. ARMED FORCES		CURITY NO.	17 INFORMANT	ADDRES	SRt. #1, Box	× 417
Pog "	2	No	(**************************************	231-46-	-3197D	Mrs. Herman		Pocomoke C	
ALT de la constant de		18 CAUSE OF DEAT	H (Enter anly ane couse p			/	1 1	APPROX	MATE INTERVAL ONSET AND DEATH
Fr. BAL		PART I. DEATH W	AS CAUSED BY:	11-11	beal.	as cula	Arcide	w I	
S ceri	13			Con .	70-		4 4	Or	
To endi		C 194		OR AS A CONSEC	QUENCE O		di Pa	sc Ales	
RES de de d		Conditions, if ony, gove rise to imm		11791	mypi	using ca	7600		
W. P		cause (a), statir underlying cause		OR AS A CONSEC	QUENCE OF	on At 1x	4	0.07	
tho d by leosi or of		ondertying coose	(c)	my	jeni	0/19/01	P-4		
S. 2	7	PART 2 OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART TO	a
RD sequence of the sequence of	Ó	orac	a of	Cyx 6	now				
RECORDS low requi us been sig ermit. Their e prior to k	CERTIFICATION	190 DATE OF OPERA	TION 196 CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES	
and and and	E						YES NO	YES [NO [
VITA N. T.	7 H	21a. ACCIDENT WAS UN		OF INJURY	- 44	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
Physical Physics Care Physics	//	OR CONTRIBUTING	CAUSE OF DEATH	A.M. MONTH		III LOS CAROLIS			
AYSIC ding ding Ment Ment	MEDICAL	(IF EITHER NOTIFY MEDI		P.M. E OF INJURY	19	211 LOCATION			
NG PHYSICIAN: offending physicians of the burial-from the ond Mental Hysicians of the burial-from the ond Mental Hysicians or the mental Hysicians or the mental Hysicians or the Head of	ME		HILE (AT HOME.	STREET, FACTORY, OFFIC	CE. FARM ETC	STREET	CITY OR TOW	N COUNTY	STATE
NG Notes	1100	AT WORK AT WO	ORK		7/1	Marie Co	C. A. A.	Pr	
S T S S S S S S S S S S S S S S S S S S			(this hospital) attended	the deceased from		1007 86			that (It (we) last
Sprite CTO d for n 21		saw the deceas above, (1) (we) (ed alive andid) (did nat) view the bac	dy ofter death.	06, at	nd that in (my) (aur) apinion	death accurred on the dat	e and hour and fram the	causes stated
he phe he		226. SIGNATURE	01	,		DEGREE	E DUE N. III	77s. DATE	SIGNED
te Dod	1 34	1/1	ran X	MILL	N	ATTENDING PHYSICIAN [MEDICAL STAFF	AND 19	muse
HOSPITA ned by FUNERA Jid be de uld be de ithe Stati the Stati	7	22d PHYSICIAN'S N.	AME (TYPE OF PRINT)	3 9	. 1	TO AODRESS	/ /	918	2
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TO H with with	22-	BURIAL CREWATION	DEMOVAL TON DITT	100	2. NIANAS OF C	EMETERY OR COST	23d. LOCATION	- Course	
aganaga	- 100	BURIAL, CREMATION,				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	SIAIR
179BP		urial	7/9/8			ley Cemetery	Parksle		
DHMH - 16 50M 4/83	24 F	LINERAL DIRECTOR	11:00.	ADDRES	. P.O. E	Box 527 250. DAT	E REC'D. BY REGISTRAR	SE REGISTRAR'S SIGNAT	UNE
(VRA 15, 4)	1	Abn I	Willean	2		ev. Va. 1111 1	5 1300	100 - 40 T	

lousavite Constic Virginia Assertes Sarjeign w 14, 236 23421 Torsey Tursent Tursell Russell (1) Society (1) Society 231-At 31711 Prs. Jerren Phillips Rocomoke City 7d. arkeley we try Farkeley Accorack Vo. 30/9/T | T/9/06 Parketov Va. Surger Steel and Steel and Steel

njury, or ather traumatic event, the media

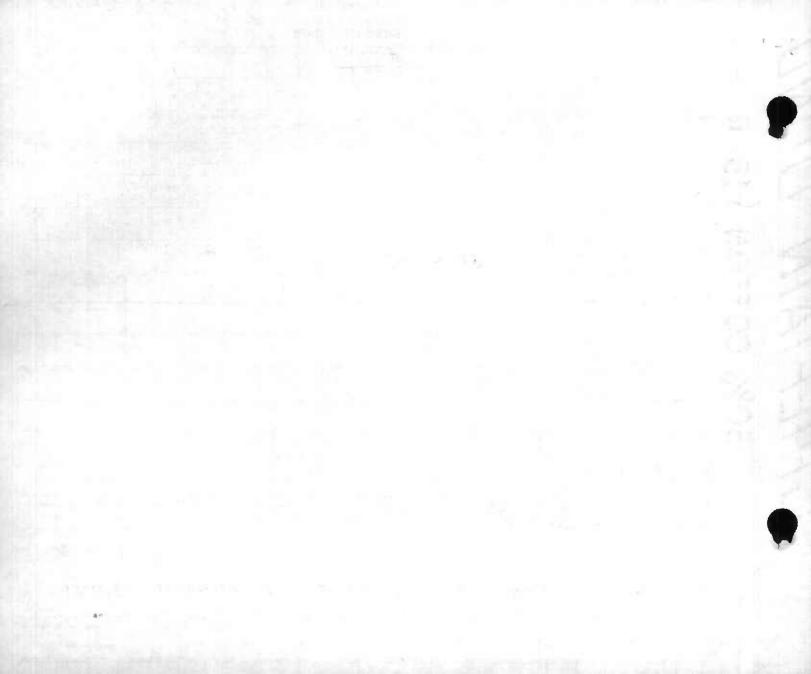
WPORTANT: If them 21 is marked or them 18 showp-any

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STATE OF MARYLAND	0 1
ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE

1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	10.		
[TYPE		bert	C.	MIDDLE	Caldy	Nel	20 DATE OF DEATH	7 15	86	NA M
3 SE:	Male	4	White		S. DATE C	03 ^{DAY} 1913	6 AGE (IN YEARS LAST B			FUNDER 24 HRS HOURS MIN.
N	RTHPLACE (STATEORE COUNTRY) Orwood, Mo	assachu	setts (MARRIEI		9 BALTIMORE CITY WICOMICO		OF DEATH	MD.
Sa	alisbury	1	Peninsu	ila"Gene	Fall Hos	or other institution spital	120 USUAL OCCUPA (IXPE OF WORK FOR MOST Comptrolle		126 KIND OF INDUSTRY Nation	al Guard
13a	al residence (if nurs state laryland	Worce	W-	Ocean		13d. INSIDE CITY LIMITS? YES NO	138.STREET ADDRESS	/ ZIP CODE lonial D	rive 21	842
14 FA	David	Mi	DDLE	Coldw	ell	Lizzie	ME MIDDLE		Sullivan	
	YAS DECEASED EVER	IN U.S. ARM		577-18-	7778	17 INFORMANMrs. L Same as #	ois S. C A ldw 13e	vell (Wi	fe)	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only 'AS CAUSED IMMEDIATE	BY:	line for (a), (b).	and ici.	ngestere ha	il failus		BETWEEN ON	SET AND DEATH
NO	Canditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	nediate ig the last	DUE TO, OI	R AS A CONSEC R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	nnal disease or coi	ndition give	N IN PART 1:0	
CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	S USED F DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDII	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY BEET, FACTORY, OFFI	CE. FARM ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we (c	ed alive an_	7/16	19	1761	d that in (my) (aur) apinian	death accurred an the	date and haur		at (1) (we) last uses stated
	226. SIGNATURE	WB	More	er My	ρ	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	7/15	aned alo
	WILLIAM	B. H.	ORNER			100 POWER 3		URY 1	חם שואם	, ,
	BURIAL, CREMATION,	n REMOVAL	236 DATE 7/17/			y Crematory	Salisbury	Wicom	ico, Mai	yland
24. FU	UNERAL DIRECTOR Ullrich Fune	eral Ho	me - B	erlin, M	aryland	21811 250 DAT	E REC'D. BY REGISTRA	R 25b REGISTR	AR'S SIGNATUR	E

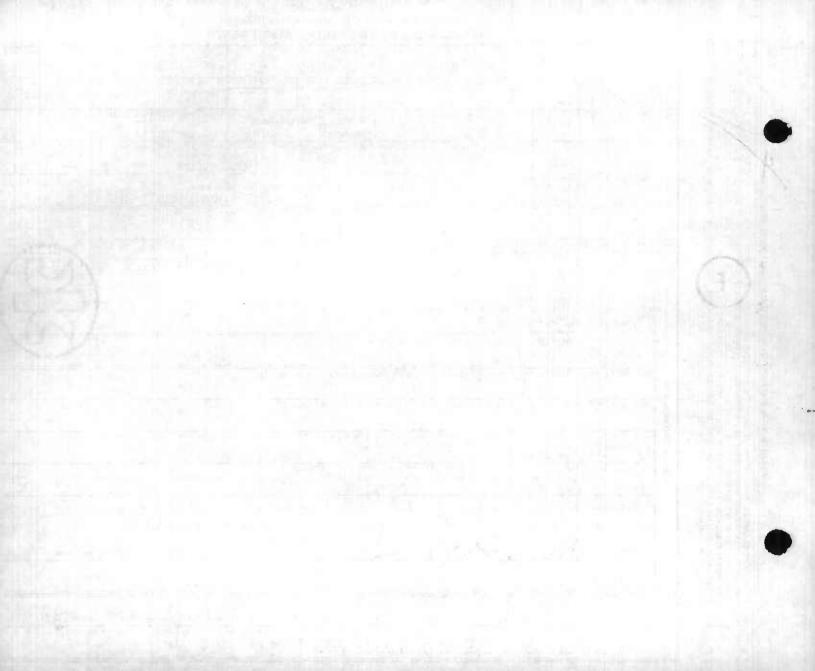
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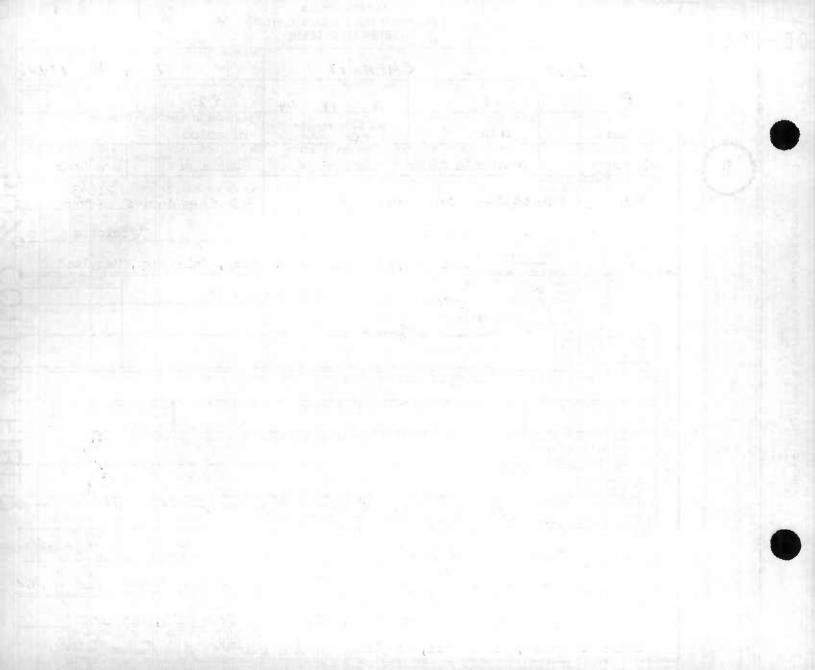
00.	-11832	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 1 3 8 1 - STATE CERTIFICATE OF DEATH						
-		1 050	REGISTRAR EASED NAME FIRST	WIDDLE	(ASI	REG. NO.	DAY YEAR 2b. HO	OLIP
10	9 7.6		OR PRINT) Gladys			July 6, 1986		630 M
	À /	3. SEX		S Ann Cau	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		DER 24 HRS
	4 (1 th		Female	White	Nov. 16, 1905	80 yrs.	MONTHS DAYS HOUR	RS MIN.
	h. Po	0	OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
	deoth deoth		Maryland	U.S.	WIDOWED DIVORCED		NICOMICS	
	He he he		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSI	INESS OR
201	è à		Delmar	Delmar. M	d •	Housewife		
ND 21	24 hor shifted in must be	13a. S	TATE 136 COUN	other institution give residence before NTY 13c. CITY OR TOY Delma	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2/8%	75
YLA	within within		THER'S NAME	MIDDLE (AST	15. MOTHER'S MAIDEN NA	.ME MIDDLE	LAST	
MAR	O So State		Stephen	Mason	Clara	Belle	Thomas	
RE,	2 2 1 1	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS		The state of
IMO	n ond co	- (1	ES. NOOR UNKNOWN) (IF YES, GIV	214-26-	2877 Mrs. Clara	Belle James.	Delmar, 1	Md.
. PRESTON ST., BAL	the death certificate the attending physicic remove corbonpoper emotion, or removal. ter traumatic event, the		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the	only one cause per line for (o), (b), o 1D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	osclerotic Card	iovascular Dis	APPROXIMATE IN BETWEEN ONSET A	
*	by by off		underlying cause last.	(c)				
NDS, 20	quires t signed Then ple to burio nlury, or	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110	
I RECOI	hos been prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS UP FYING CAUSES OF DE ES NO	
OF VITA	IYSICIAN: TI ding physicia s certificate burial-transil Mental Hygi	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
DIVISION OF VIT	ottending ter this cost the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	spitol or CTOR: Af for use of theattl			ital) ottended the deceased fram 19 24 view the body after death.	86, and that in (my) (our) opinion	deoth occurred on the date and how		
	TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detached with the State Dept.		228. SIGNATURE	53 where	DEGREE ATTENDING PHYSICIAN 1220-ADDRESS	STAFF DIRECTOR PHYSICIAN	72. DATE SIGNI	-88
	5 5 5 4 x X	23e. 6	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION RO	oute 1	STATE
	BP	-	Burial	7/9/86 A	bury Cemetery	Princess Anne	:Somerse	t.Md.
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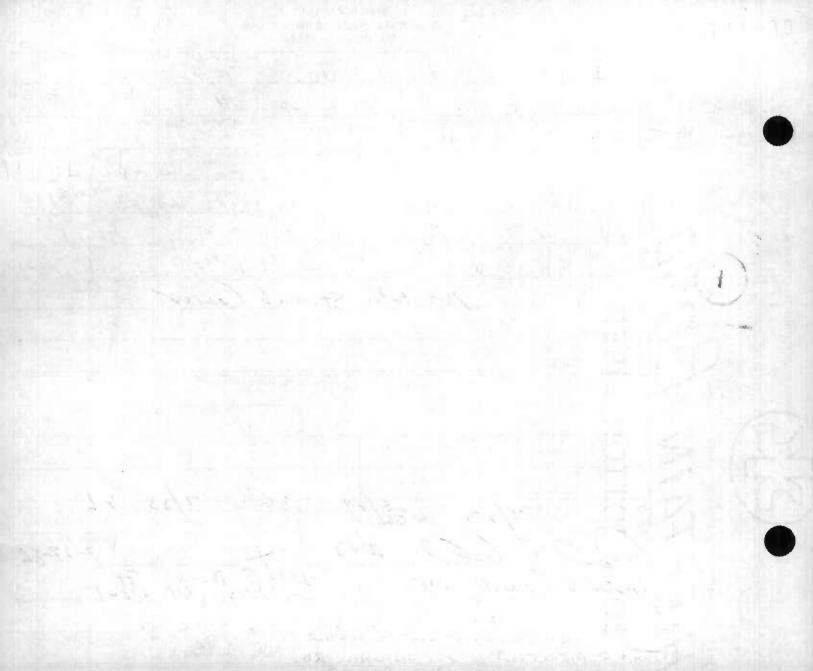
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIEN T- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-ANITA ANN CHANEY DEATH MATED 14 19 86 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED L:03 FEMALE WHITE 5 23 62 24 14 1986 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED DIVORCED Wicomico County Maryland
IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Peninsula General Hosp. Salisbury Homemaker JRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wicomico Salisbury 224 Ward Road 21801 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Thomas Spinks Sue Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21227 I LIE YES GIVE WAR OR DATEST 215-84-8949 Juanita A. Ouesenbery 7734 Washington Blvd CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Lightning - IMMEDIATE CAUSE (o), A BURIAL - TRANSIT A AND MENTAL HYC MATION, OR REMOV DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-F HEALTH AND MEI AL, CREMATION, (lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to EXECUTE THE CERTIFICATE SHOULD ANGLE SHOULD THE WORD "PRACE" SHOULD BE FORWARDED TO THE CHIEF AT TO THE WORD." PROFILE SHOULD BE USED. IN THE SHOULD SHOULD BE USED. IN THE SHOULD S USED / 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING X OR P.M. 7-13- 19 86 CONTRIBUTING CAUSE OF DEATH Subject struck by lightning. 218 PLACE OF INJURY LATHOME THE LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE bridge AT WORK Rumbley Rd. Bridge Somerset MD 22a. I certify that I taak charge of the remains described obave, held on Natural couses Undetermined monner TITLE (SPECIFY) DATE 7-15-86 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) SAT SE 73a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Howard Maryland Meadowridge Mem. Park Elkridge 7/17/86 Burial 07/B4 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))



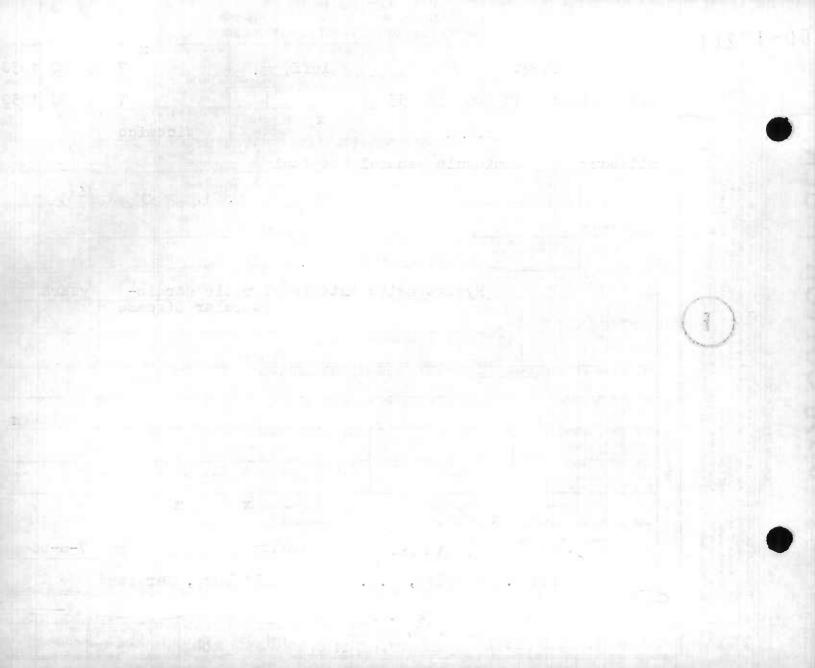
-12889	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.							
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poge 3		Lois	W.	CHEI			7 14 86	101	
4 mo	3. SE	×	1 RACE	5. DATE O		6. AGE (INYEARS LAST BIRT	HDAY) IF UNDER TYE. MONTHS DAY YRS.		
And the second of the second o	2	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF WICOMICO	R COUNTY OF DEATH	м	
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ampletely and 2 si	27	William	M. White		is mother's maiden na/ Susan	WIDDLE	Aydelot	te te	
n onder Pages		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-60.7736	Harriet C.	ADDRE Carey, Sali		rland	
equires that the death in signed by the ottendi. Then please remove car tra burial, cremation, or other traumatinjury, or other traumati	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	Hypes NSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or cone	DITION GIVEN IN PART	1to:	
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G PHYSICIAN: TI ottending physicia er this certificate is the bunol-transit and Mental Hygi ked ortem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE EITHER MOTHEY MEDICAL EXAMINER 218 IN JURY OCCURRED AT WORK ALWORK AT WORK	HOUR A.M. MONT	19	211 LOCATION SIREET	RED (ENTER NATURE OF INJUR		STÁTE	
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		BURIAL, CREMATION, REMOVAL (SPECIFY)		4	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
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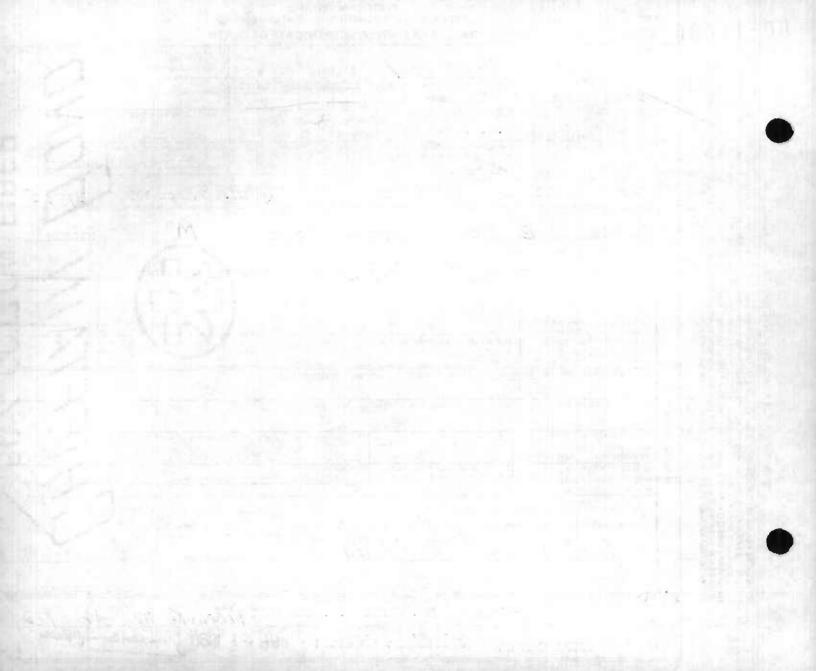


00-14126	1- STATE REGISTRAR G-11-86ch STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR G-11-86ch CERTIFICATE OF DEATH REG. NO.					
age 4 may be rrector, page 3 vurs after death	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR THEORPRINT) TYIN RUSSEL CHUTCH 7-26-86 MM 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 PER MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN.					
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ecuted within	HATHER'S NAME Charles Hanch Church Howard House Church Howard					
1 W. PRESTON ST., BALTIMORITY of the degith certificate be executed by the attended for the control of the cont	18 CAUSE OF DEATH (Enter analy one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost (c) DUE TO, OR AS A CONSEQUENCE OF					
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TO HOSPIT. TO HOSPIT. TO FUNER, should be a with the Str. IMPORTAN	Devid F. Coreall, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PRECEDIT TO STATE 23c. NAME OF CEMETERY OR CREMATORY PRECEDIT TO STATE 17/30/84 May land Vet. Cemetary Hurlock Md. COUNTY STATE					
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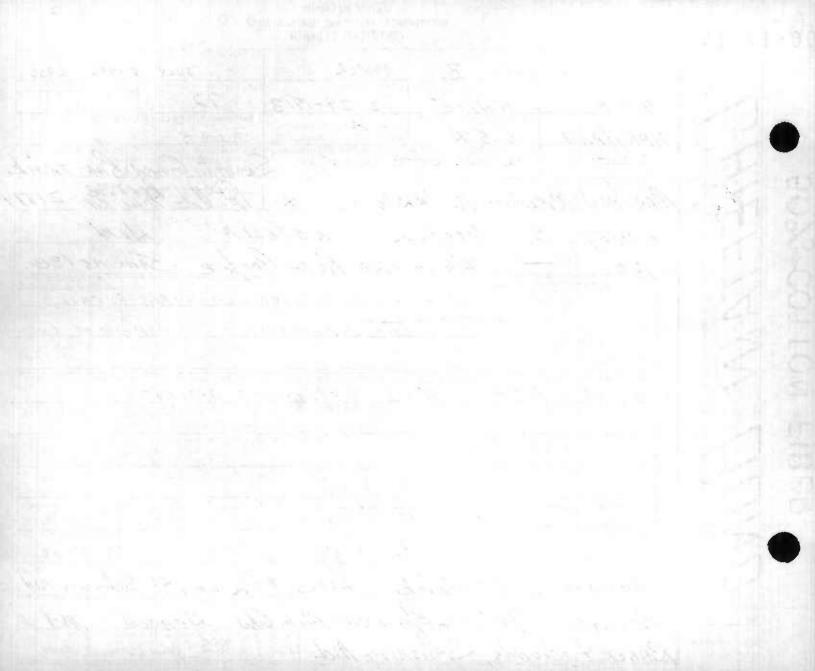


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- 3	SH G	-	18 CAUSE OF DE	ATH (Enter only	one cours per line	for (o), (b), and (c).)	213	PIND. PAUL	TIME CHOP	r SAME		OXIMATE II	MIERVAL
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DIVISION OF VITAL RECORDS	PR SED SED	MEDICAL CERTIFICATION	21d INJURY OCCU		21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOC	ATION	CITY OR	POWA	COUNTY		STATE
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	WER: THIS CERTIFICATE SHADEL WRITING THE WORN FORWARDED TO THE CHOR. PAGE 3 SHOULD BE UNE STATE DEPARTMENT, CHOR, 21201 PRIOR TO BUR		22-1-15-1	. 1. 1. 1	-6-1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, Inspectio	7				
	EXAMINER: CERTIFICATE VULD BE FOR L DIRECTOR: I, WITH THE S MARYLAND,					ribed above, held on	Autopsy				ny opinion		
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	₩ ₩₩	100	ACTUAL C	11	-12	111		TITLE (SPECIFY)			ATE 7-	8-8	6
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	M C S C E	4	(TYPE OR PRINT)	John	T. Bul	keley, M.	DA	DDRESS Sa	lisbury	, Maryl	and		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARRYLAND,	2300	SPECIFY PREMATION	REMOVAL 231	DATE	23t NAME OF CE	METERY OR	CREMATORY	73d. LOCATION		COUNTY	STAT	F
07/84			BURI	AL	7-12-86	ZION U.M	. CEM	ETERY	SHARE	TOWN	WICOMIC		MD
25M	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS	RT. # 2, BC		250. DATE	REC'D. BY REGIST	RAR 256. REGISTRA	R'S SIGNATUR		
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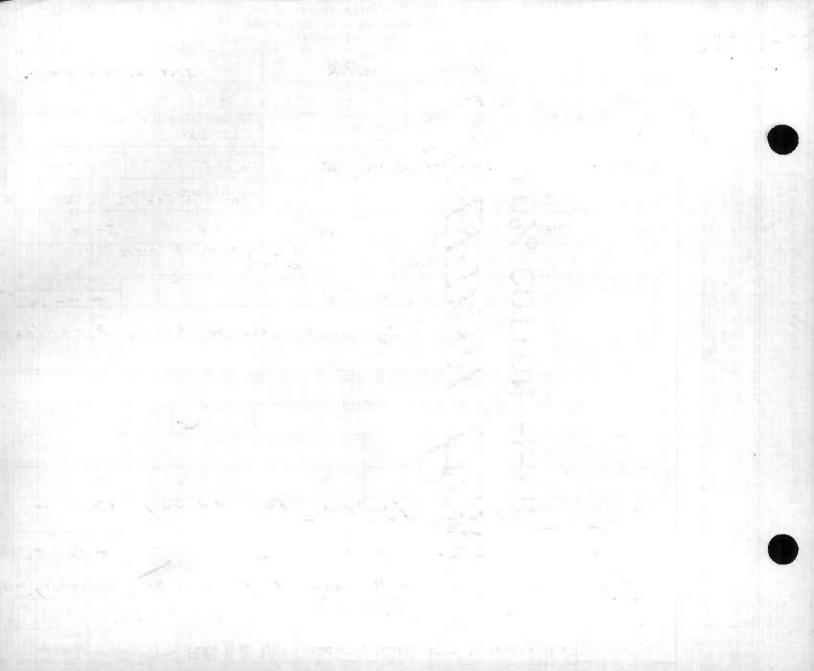




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nerol din	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	INTY OF DEATH
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ORDS, requir requir to Then for to by injury	VIION	PART 2 OTHER SIGNIFICANT ASC VA 190. DATE OF OPERATION	CHF) 5/1	O DEATH BUT NOT RELATED TO THE THE THE MILES AT FUMP OF THE	ATOLA ASTHEL	
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ATTENDIN sspirol or CTOR: Af for use of for use or of Health		sow the deceased alive or	of view the body ofter death.		ion death accurred on the date and	that \(\text{we} \) los hour and from the couses stated
the he hache e Deple		226 SIGNATURE	2 2 Chodne	che M. D. ATTENDING PHYSICIAN	G MEDICAL STAFF	22. DATE SIGNED 2-8-52
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR BAKER & So	unds SA	issury Md. 150	DATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE



-13625	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 2 1	3 9 0
oge 3 deoth		CEASED NAME FIRST William	Harrison	Cooper		2,1986 3:00 P.M
ge 4 morector. po	3. SE	Male	4. RACE White	5. DATE OF BIRTH 1911	6. AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER 1 YEAR IF UNDER 24 HRS
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fuled in hould be	13a :	aryland Wic	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130, CITY OR TOWN COMICO Eden	YES NO	13e STREET ADDRESS / ZIP CODE Route # 1 Box 5	05 21822
ed withi		Roy FIRST Cliffe		Sarah Sarah	Ann	Taylor
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUL 215-36-23	Same as #	Oneita PayPlesCoop 13e	er (Wife)
ires that the death certifica gned by the attending phy on please remove corbanpal burial, cremation, or remov ry, or other traumatic event	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF Lympho blas		
he low required hos been since prior to permit. The power only injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N
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ottendi ottendi frer this os the bu h and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITA retorned by TO FUNER should be d with the Sto	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23(N	AME OF CEMETERY OR CREMATORY llen Cemetery	23d LOCATION 5+. Eden, Wicomie	
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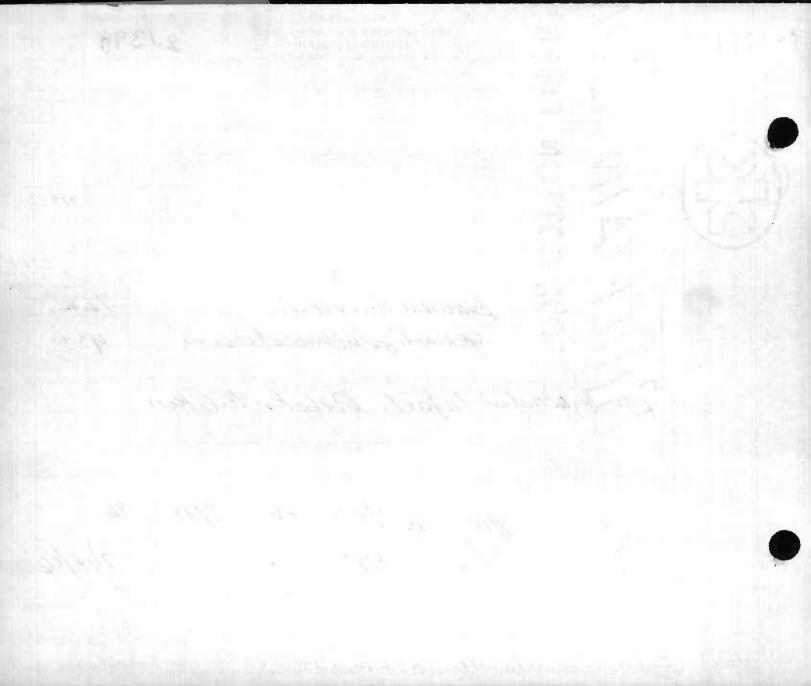


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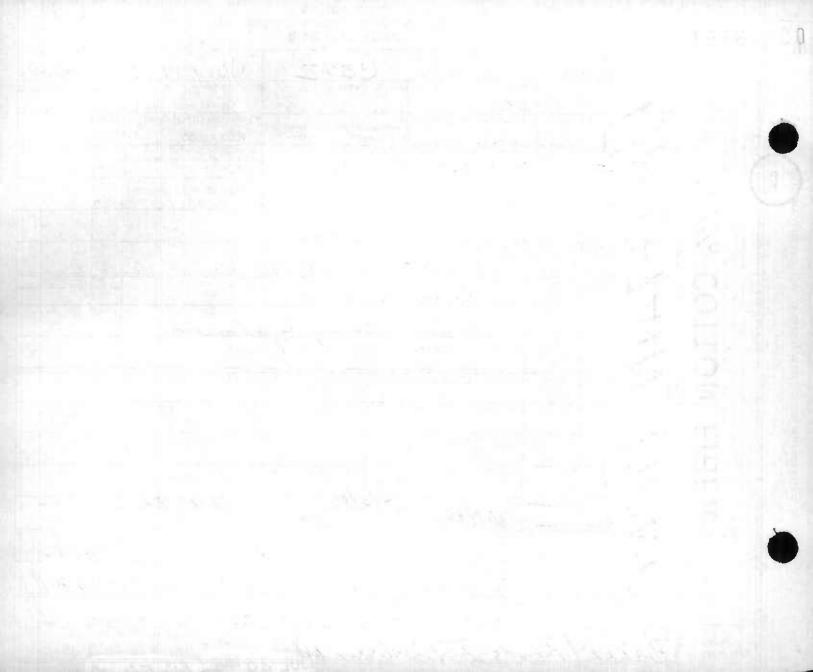
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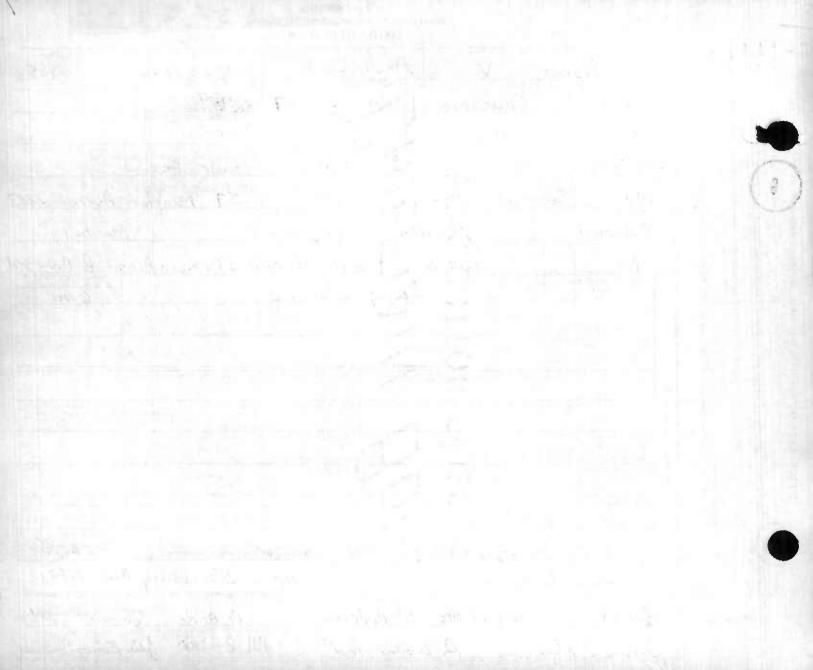
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20 DATE OF DEATH MARTHA P. CROWLEY TYPE OR PRINTS 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HR MONTH FEMALE WHITE MARCH 19. 1907 79 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WICOMICO Md. U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SALISBURY HOUSEWIFE OWN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / 7IP CODE 2/833 WICOMICO Md. PITTSVILLE Rt. 1 BOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST WILL PARSONS 0. MARY CHERIX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 219-05-9138 ALLAN H. CROWLEY NO 301 WOODCREST Ave. SALISBUR 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stating the AS A CONSEQUENCE OF underlying cause last AFFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION No. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21n ACCIDENT WAS UNDERLYING [716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK NOT WHILE 22a. I certify that (I) (this hospital) attended the e) (did) (did per) view the body ofter death. and that in (my) (aur) apinion death accurred an the date and have and from the causes stated DEGREE TIL DATE SIGNED ATTENDING MEDICAL ld be deta the State PHYSICIAN PHYSICIAN 22e ADDRESS EARL M. BEARDSLEY CIVIC AVE. & RT. 50 SALISBURY, MD. 21801 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL FRANKLIN CITY CEM. GREENBACKVILLE WORCESTORK Md 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



-1369		1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 6	2!	3 9	*
m.£			CEASED NAME FIRST		MIDDLE	1	51	20. DATE OF DEATH		DAY YEAR	26. HOUR
page 3			NOVELLA		VANS		772	Valy	19,19	186	2220
offer p		3. SE.		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST B		MONTHS DAYS	HOURS M
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TENDIN tol ar OR: Aff			220.1 certify that 10this saw the deceased alive a above (10 west (did) (did)	7//9	1/86 19	7/- an	that in (my) (an) opinian	death occurred on the	ote and hou		that ((re) couses stated
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BP			SURIAL, EXEMATION, REMOVA	T. FIELDEN			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	,	COUNTY	STATE
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			FOR	DEBA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	6 2 1	400
		1.	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	GIENE G	
4476			CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	AY YEAR 26. HOUR
1 75		(TYP	ASNET	V.	Dashiell	Duly 23 1986	6325
and and		3. SE		. RACE	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4	-	10	Female	Caucasian	Feb 7 1917	69 YRS.	ONTHS DAYS HOURS MIN.
2 70 70	2/2		RTHPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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o pur	000		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	10-11 0/	ADDRESS	0 4
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tonte bysic onesis	1		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a), (b). BY:	and ic		BETWEEN ONSET AND DEATH
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新者 新書	103	1	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR		
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五年 日本	#		any the deceased alive on	1		n death occurred on the date and hour	
Page 1	E	1	obove, (f) (we) (did) this now	view the body after death.	DEGREE		77L DATE SIGNED
0 4 0 40	*		1xxx		4 STIENDING	DIRECTOR D PHYSICIAN	7-22-86
PITA PITA PITA Shall	3-1	1	22d. PHYSICIAN'S NAME (TYPE OR	RIN1)	22e ADDRESS		1, 22 00
o HOS ritined TO FUN hoold to	MPORT		C.R.LB	4700	PCHMC	- SALISBURY	Md 21801
(00)	-1	230.	BURIAL, CREMATION, REMOVAL	23b DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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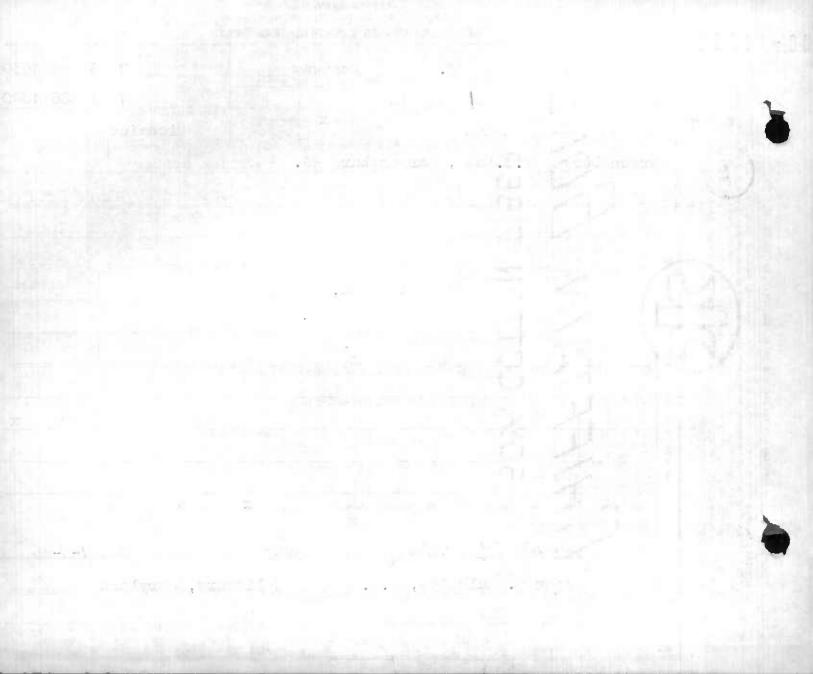


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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir of thereding physician. When this certificate has been sign on the burdel transit permit. Then	prior	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR W	HICH OPERAT	1 /		20a AUTOF	SY? 20b.	IF YES, WERE FIN	DINGS USED
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5 a 5 d	3 🖺	23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCAT		1	
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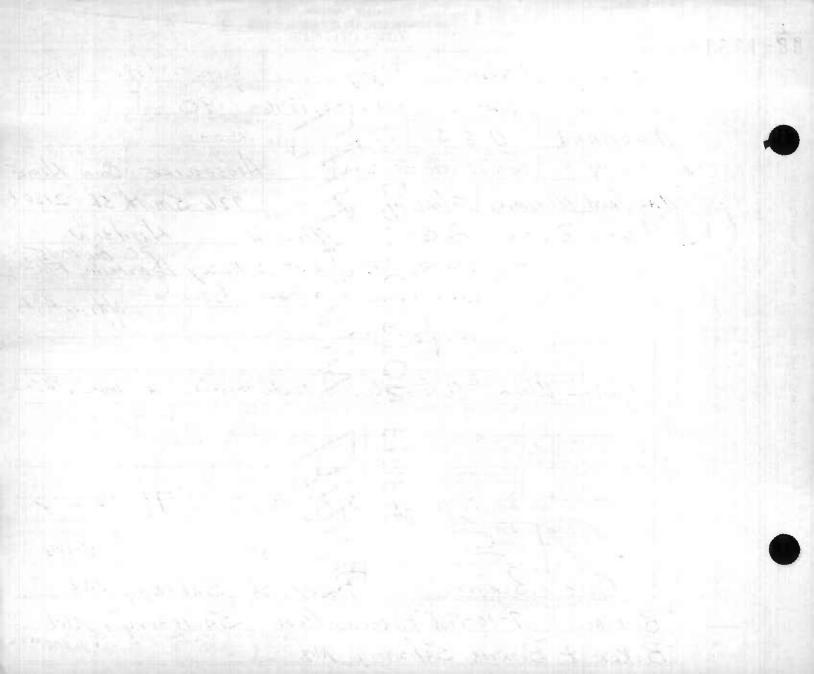
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 1630 1986 Donaway Norman & AGE (IN YEARS | IF UNDER 1 YR 2d HOUR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED 42 YRS 186 1800 44 Male White DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Wicomico U.S.A. DIVORCED WIDOWED Maryland 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION P.O. Box8, Parsonsburg Rd. Parsonsburg Truck driver ISUAL RESIDENCE, HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS o STATE 13c. CITY OR TOWN P.O. Box 8, Glass Hill Maryland Wicomico Pittsville YES X NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Littleton Norman Mae Donaway Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT BORRE257 BURIAL - TRANSIT PERMIT. FOUNTAIN AND MENTAL HYGIENE, DIVISION 215-44-5876 Irene Foskey, Willards, MD 21874 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound. chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARE IT.

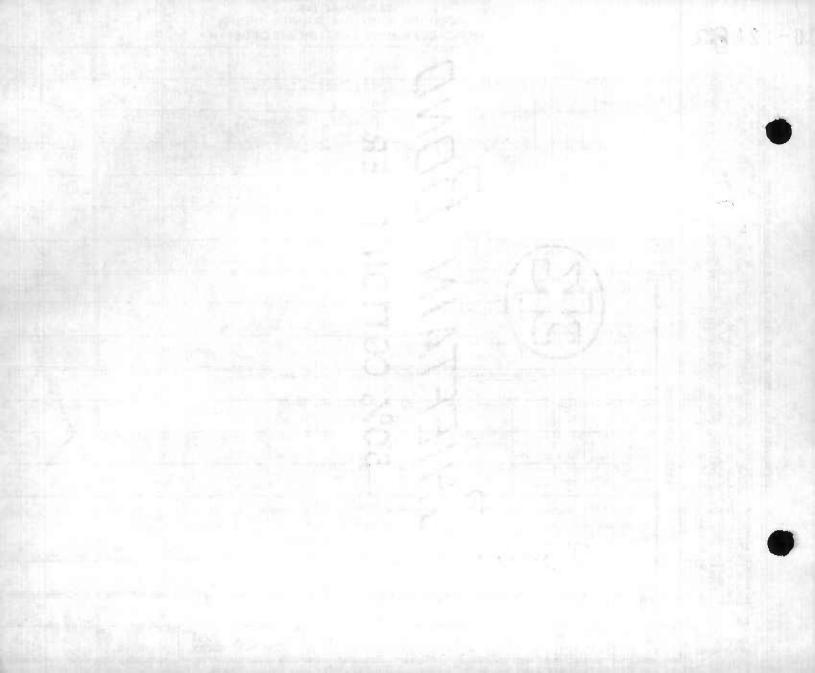
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E FORWARDED TO THE TO YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BARTIMORE, MARYLAND, 2' X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Bulkelev John Salishury (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE Wicomico Pittsville 7/9/86 Farlow Cemetery MD Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 108 Williams Street DHMH - 17 Kirk Burbage, (VR A15 ME (5) Berlin, MD 21811



				STATE OF MARTLAND	3 ()	4 (1 3
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the state of the s			(c)			
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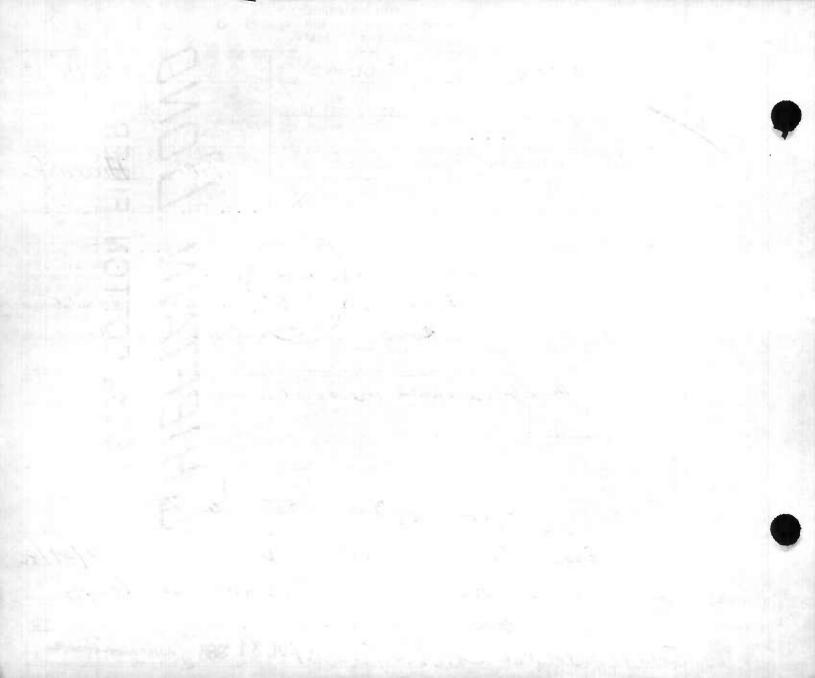
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BALTIMORE, MD.	PATE 25		- (# 125, 617		212-	12-3670	FRANCES	FIELDS	SAME AS	13F	
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<u>a</u>	AAN		itions, if any, which rise to immediat		Marine .						
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	ATE S	220.1	ertify that I took char	rge of the remains desc	ribed obave	e, held on Autop	sy X, Inspectio	n , Inquir		ny opinion	
	MAN HELD	death re	sulted from: Not	ural causes ,	Accident [X Suicide	, Hamicide .	Undetermined n	nonner .		
	A E B B E B		Λ				TITLE (SPECIFY)				
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STATE OF MARYLAND





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and a cold	ATION	Diabetes	mellitus	; hydr	ocepholos		senic bra	
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should be detoo with the State D		HELEN M.	BALDA	DO mo							HELE
F 0 3 5 1	23a.	BURIAL, CREMATION, REMO	VAL 236 DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COLNIV	STATE
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- 16 60M 7/84	24. F	UNERAL DIRECTOR	, 1)	ADDRESS	Rt. 7,	Bexgr	O 250. DATE	REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIGNAT	URE
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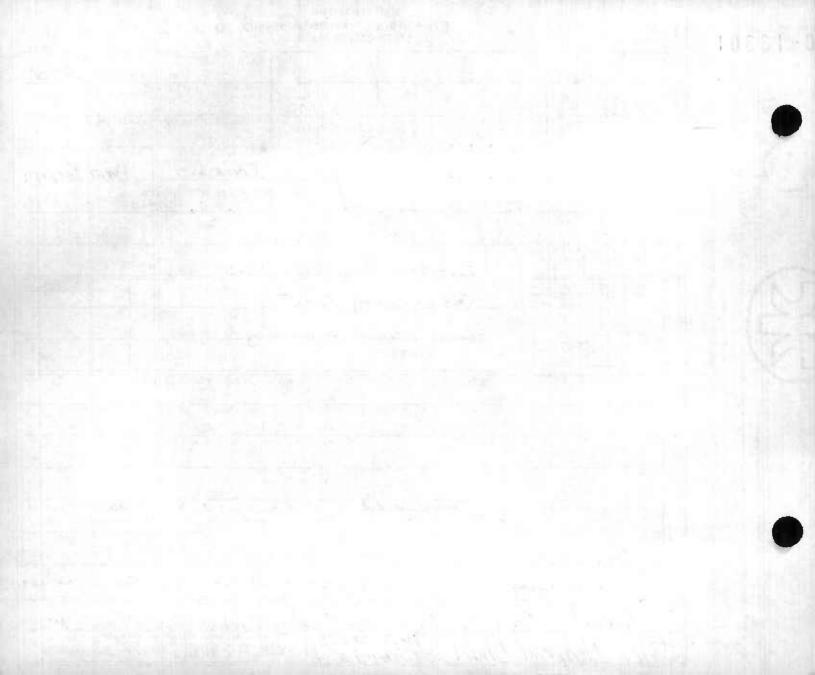
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O HOSPITAL OK A TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 money and retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. I should be detached for use as the burnicitanisti permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offer.	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 lines. and the law requires that the death certificate be executed within 24 lines.
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BP.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS MARY FITTA HARMON 19 A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DATE OF BIRTH IF LINDER I VE AS MONTH YEAR NEGRO 12 FEMALE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED WICOMICO ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LEXPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY smestic SPRINGS RT. # 1. BOX 442 HAISE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD WICOMICO MARDELA YES M BOX NO T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE WILLIAM LEONARI HOPKINS MARTHA GOSLEE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 220-01-5320 NO MYERS SAME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Aulmenara IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Advanced Concino in Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T CERTI 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a I certify that((1) (this haspital) attended the deceased from... 10 86 sow the deceased alive se and that in [m] (our) opinion death occurred on the date and hour and from the causes stated above (I)(we) (did) (and not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF mo PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME IN Site BIOT Recessed medical Part, Salubun and . 2000 Kabert 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 BURIAL CREMATION, REMOVAL 236 DATE CITY OF TOWN 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84



	William 1- STATE Harrin		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENB 6 2	1 4 1 1
-12458	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
a 9.4	1. DECEASED NAME FIRST (TYPE OR PRINT) CV/14-17	MIDDLE	HARRIACTON	07/14/86 MONTH	14 86 1:35 A M
e 4 may	3. SEX Male	Caucasian	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4 Pro 122 199	7a BIRTHPLACE (STATE OR FOREIGN NEW York	76 CITIZEN OF WHAT COUNTY	RY? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR	1 1211 CADRE	25a. DA	TE REC'D. BY REGISTRAR 256. REUL 15 1986	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

108 Wildiams Street W. Kirk Burbage, Berlin, MD

23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

St. Mary's Cemetery Wilkes Barre Lucerne PA



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(VRA 15, 4)

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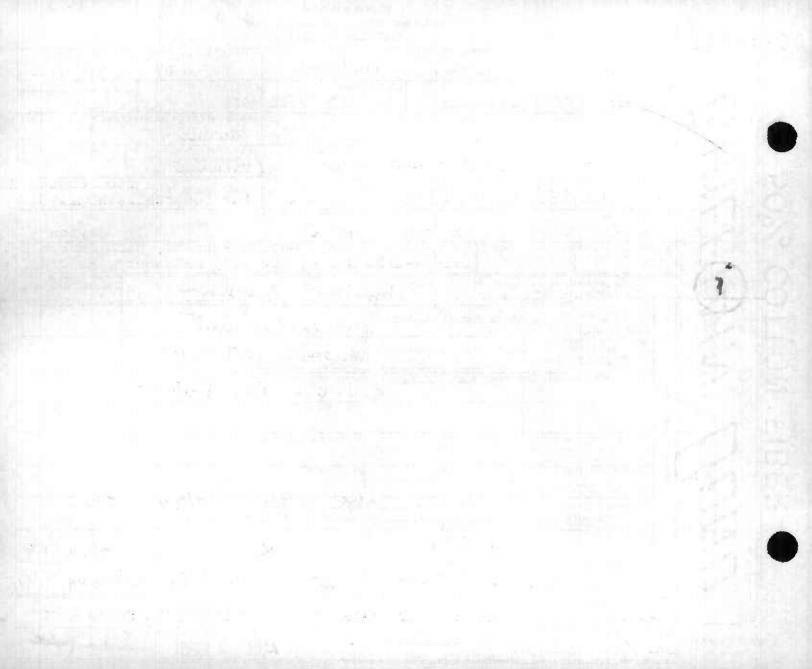
Salisbury Deer's Head Conter

gruns, John Torte, Service Contest, Salisbydy, 188, 21804

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signed by the ottend Then please remove ca to burial, cremation, a	NO	Canditians, if any, who gove rise to immedicate [a], stating underlying couse In	ote the ast.	(c)		EQUENCE (Post Ashari	Cardio Soliolic TED TO THE TERM	per a pent	DITO ASE OR COM	rollion (GIVEN IN I	PART 1(o)	
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spitol or CTOR: Al for use of the of Health		220.1 certify that (1) (this sow the deceased a above, (1) (we) (did)	live on_			rom	ond that in (r	ny) (our) opinion	deoth occur	rred on the d	dote and h	19_C		hot (I) (we) last causes stoted
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AND ADDRESS OF THE PARTY OF THE	TO HOSPITAL OR ATTENDING PHYSICIAN. The Car requires that the death certificate be executed within 24 hours after death, described by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the entending physician and completely filled in by the hongold displays should be detached to vive as the busistinated has been appeared as a physician and completely filled in by the hongold displays who if the detached to vive as the busistinating permit. Then plates responsible the physician and completely filled in by the hongold displays and the hospital physician price in business and the second committee must be collected and an expectation. WPOSTANT If hem 21 is marked or them 18 shows, pay injury, or after trainment cerent, it, medical committee must be collected.

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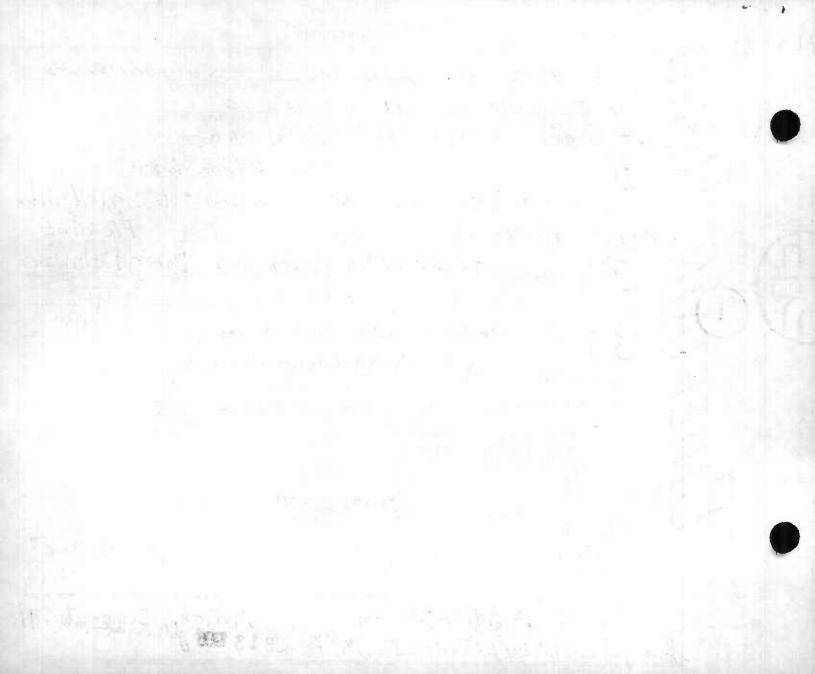
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00-	1396(FOR D STATE REGISTRAR	STATE OF MARYLAND SEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 6 2	4 1 6
	. 0000		DECEASED NAME FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
	5 64	(TYPE OR PRINT) Frederick	JOHNSON	July 26, 1986	6=40 Am
	to do	1	SEX 4. RACE	5 DATE OF BIRTH		NDER TYEAR IF UNDER 24 HRS
	nector.		Male Black	February 21, YEAR		HS DAYS HOURS MIN.
	of the same	3	BIRTHPLACE ISLATE OR FOREIGN TO CITIZEN OF WHAT CO	MARRIED NEVER MARRIED WIDOWED DIVORCED	- I ITCOMITCO	MD.
- 3	10	7	CITY OR TOWN OF DEATH M. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Deer's Head	NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)		26 KIND OF BUSINESS OR INDUSTRY
212		20	SUAL RESIDENCE IN URSING HOME OF OTHER INSTITUTION GIVE RESIDEN			,
AND	10	22	Md Barchesler Ca.	mbridge YES A NO [612 Cross 57	121613
ARY	1 16 1	91	FATHER'S NAME	15 MOTHER'S MAIDEN	MIDDLE	71651
, N	of the	4/	was deceased ever in u.s. armed forces? 166 soci	IAL SECURITY NO. 17 INFORMANT	ADDRESS T	nilchell
IMOR	Poge	2	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	14-3836 Maggie	Stabb Hoope-	villo Md 21634
BAL	physical popel novol.		IS CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY:	(), (b), and (c).)	20-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL	SICIAN: 1 ng physici certificate urial-transi ental Hygi	/ /	CAUSE OF DEATH TOUR A.M. MON	NTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
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SIVIS	the the		WHILE NOT WHILE AT WORK	Y, OPPICE, PARM, ETC.)		
	Les Les		22a I certify that (I) (this hospital) attended the decease saw the deceased alive an 2-26		16, 10 7-26, 19	that (I) (we) last
	ATT OSPIN DSPIN OS		obove, (1) (we) (did) (did not) view the body ofter deot 22b. SIGNATURE	th. DEGREE	nian death occurred an the date and hour an	221 DATE SIGNED
			K. Amm.	4.D ATTENDIN PHYSICIAL		7-76-88
	HOSPITAL ned by th FUNERAL sld be detected the State	#	22d. PHYSICIAN'S NAME (PAPE OR PRINT)	22e. ADDRESS	N DIRECTOR FITTSICIAN	17 40 00
	O HOSPITAL etoined by it TO FUNERAL should be dei		KYUNG OOK YOON M.D.	Deer's Hea	ad Center, Salisbury	Md. 21801
		2	30. BURIAL, CREMATION, REMOVAL 236. DATE	23c NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	QUINTY STATE
	BP		Bunial 8/1/86 4 FUNERAL DIRECTOR		DATE REC'D. BY REGISTRARIZS REGISTRAR	Don Md,
	DHMH - 16 60M 7. (VRA 15, 4)		ST NAME TE	ADDRESS (M)	DATE REC D. BY REGISTRAR 254 REGISTRAR	The state of the s
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			STATE OF MARYLAND	0 6 2	417
FOR STA	TE		NT OF HEALTH AND MENTAL HYG	IENP O	
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47 6 E E	aw the deceased alve an	430 19	, and that i (my) our) apinion (death accurred an the date and hav	
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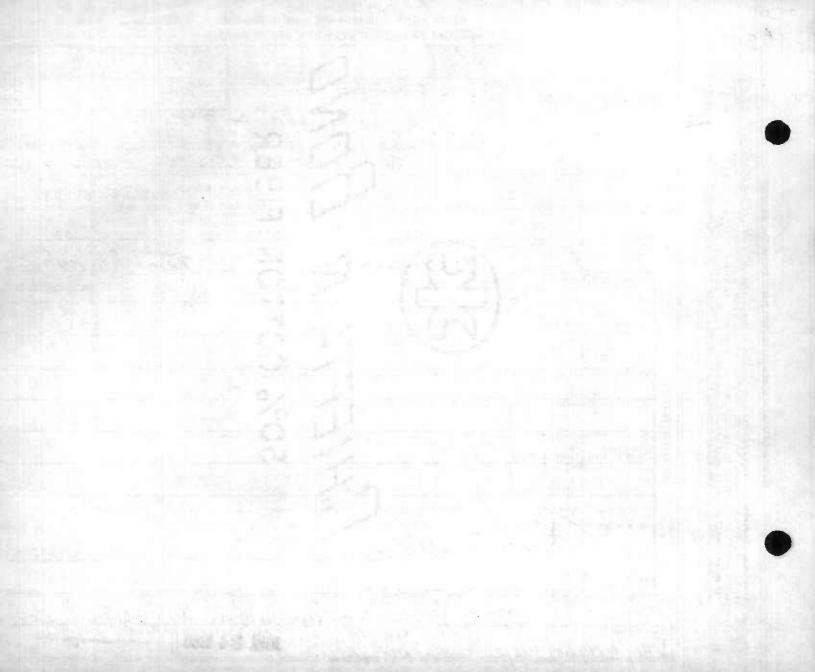
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME MONTH TYPE OR PRINTS ESTI-DEATH MATED SYLVIA DIANE JORDAN 7 - 181986 5. DATE OF BIRTH 2d. HOUR 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 7 VOS PRONOUNCED 0:50 59 FEMALE NEGRO DEAD 7 - 181986 PM To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED GEORGIA Wicomico County, U.S.A. WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
LABORER ERDUE, INC Peninsula General Hospital Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE MD 138 INSIDE CITY LIMITS? 705 W. ISABELLA STREET 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST GROSS WILLIE JORDAN RATHEL 166 SOCIAL SECURITY NO 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORUNKNOWN) I HE YES, GIVE WAR OR DATES RATHEL JORDAN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

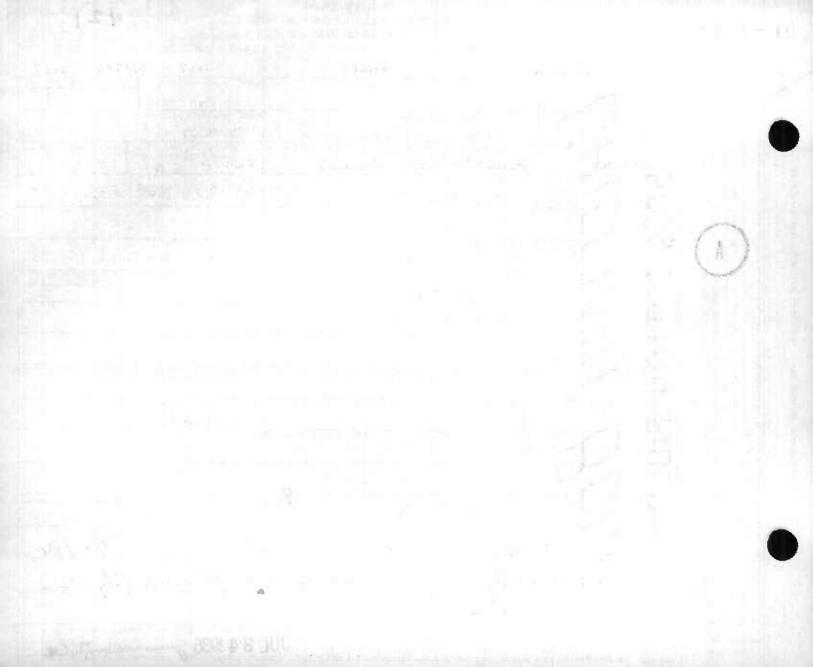
FORCE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
FOR ENDINE TO PLACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.

AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

BALTMORE, MARYLAND, 2(20) PRIOG TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries #T IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Alcohol intoxication, acute 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES VE NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR & MONTH DAY UNDERLYING OR Pedestrian struck by motor vehicle CONTRIBUTING CAUSE OF DEATH 10 . 1 5/2 M. 7-181986

216. PLACE OF INJURY (AT HOME. AT WORK AT WHILE Peninsula Gen. Hos., Salisbury, Wicomico Co. Md. FACTORY, FARM, ETC.) Roadway ns described above, held as Inquiry and in my apinian 22a I certify that Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/19/86 SIGNATURE MEDICAL EXAMINER 111 Penn St., Baltimore, Md. 21201 John A. Smialet, M.D. JRIAL CREMATION, REMOVAL 236 DATE BURIAL 7-27-86 GROVE BARLIST 07/84 25M 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A1S ME (S))





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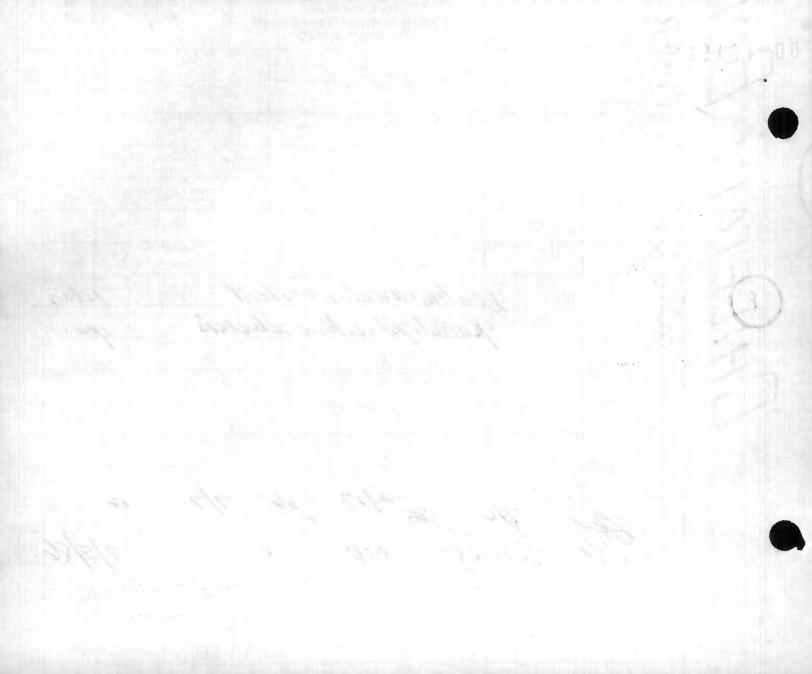
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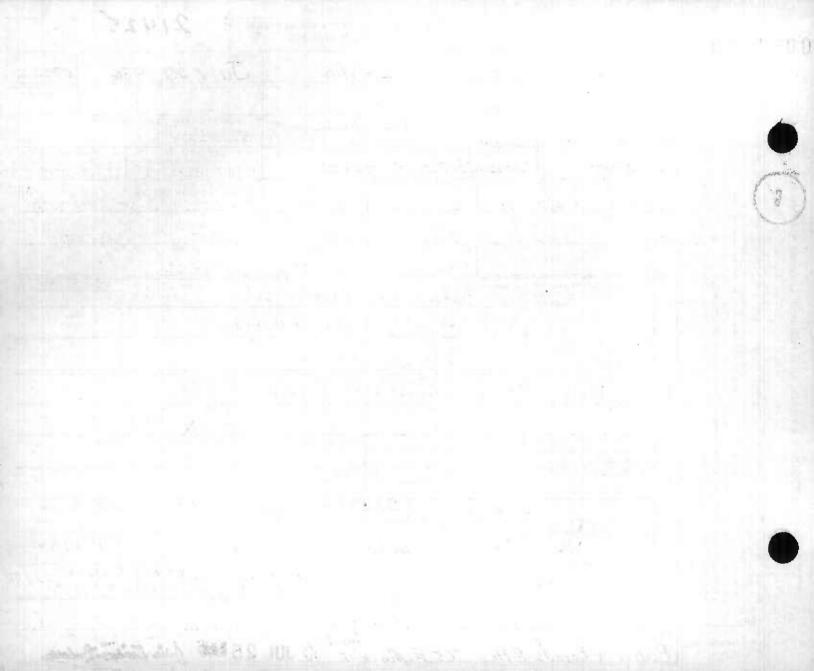
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH		€ G. NO.			and the same	
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p boo	3 SEX	(4 RACE		\$. DATE C		6. AGE IN YEARS LA	ST BIRTHDAY)		RIYEAR	IF UNDER 2.	a HRS
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1 11 90	1	ALISBURY			URY NURS		ME	Retired					
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O HOSPITAL etained by th TO FUNERAL should be defi- with the State	1	EARL M.	BEAR	OSLEY, I			CIVIC AVENUE		SALISE	URY,	MD.	21801	
BP	23a 8	SURIAL, CREMATION, R SPECIFY) Burial	REMOVAL	7/10/1			EMETERY OR CREMATORY Cemetery	Tyaskin,	Wicom	nico,	Mary	'land'	TE.
DHMH - 16 60M 7/84		HOTTOWAY F	meral	Home	P A ADDRESS	lichury		E REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S	SIGNATI	JRE	3710



- 1 4 4 0 4	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIÊNE 6 214 REG. NO.	25
. 85		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oge 3 death		VERNON	LEE	LEWIS	JU/ 4 22.19	986 0830 M
4 mo)	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s o s o s	and and	MALE	WHITE	AUG. 27, 1905	80 YRS	
2000	7a. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1000		EP CREEK, VA.	U.S.A.	WIDOWED DIVORCED	Tala doma do	MD.
1 1180		alisbury	(IF NOT, IN SUCH FACILITY, GIVE STRI Peninsula Gene	SING HOME OR OTHER INSTITUTION EET ADDRESS) ET al Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER-OPERATOR	12b. KIND OF BUSINESS OR INDUSTRY LEWIS CONFECT
Shift be in	130 S MA	RYLAND WIC	DROTHER INSTITUTION, GIVE RESIDENCE BEFI JNTY 136. CITY OR TO COMICO SALISI	OWN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
1 記 為力	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
1 11/1	PH:		RREN LEWIS	EVA	SUSAN	MATTHEWS
P 24 /		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
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physics nooper newdi.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), (b), (b), (b), (c) AS MY	ond with Preum	NA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the d an signed by the a Then please remo injury, or other tra	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEGUE OF THE CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO, THE TER	RMINAL DISEASE OR CONDITION OF	GIVEN IN PART 110:
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R ATTENDING hospital or out RECTOR. After red for use as tippt. of Health or tem 21 is market			in the body ofter death.	, and that in (my) (our) apinio	on death accurred on the date and he	our and from the causes stated
the horn DIRE etoche te Dep		22b. SIGNATURE	-	M - ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 PATE SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be determined by the State with the State IMPORTANT: It		27d. PHYSICIAN'S NAME (TYPE	odg.	27e ADDRESS 6 1 C	TE Easteen	3 share 218
Of of of with		SURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		SPECIFY) BURTAL	7-25-1986 I	IBERTY CEMETERY	PARKSLEV	COUNTY STATE
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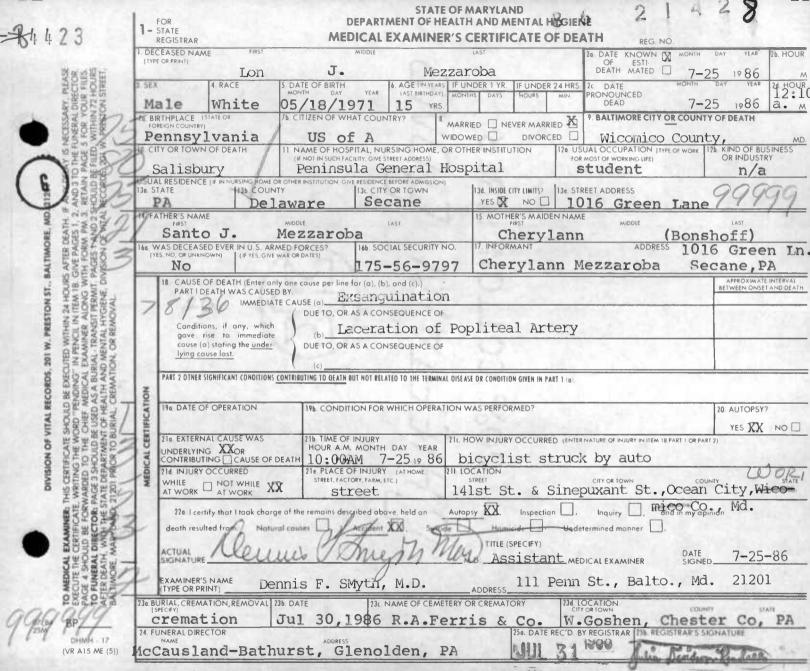
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENDE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) Lindecamp David Paul DEATH MATED 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR PRONOUNCED 1086 133 1925 Male White DEAD 52YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTR Pennsylvania U.S. Wicomico DIVORCED X WIDOWED [120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ror most of working LIFE)
Teacher OR INDUSTRY Isabella Salisbury College SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Vicomico 134 INSIDE CITY LIMITS? Salisbury 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EDWARD LINDECAMP CLARA Degran Business Administration 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATEST 171-26-5184 Salisbury State College, Salisbury KOREA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrest minutes IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Myocardial Infarction ? hrs. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost Arteriosclerotic Coronary Artery Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? EDED TO THE CHIEF IS SHOULD BE USED EDEPARTMENT OF HE 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21L LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC) WHILE NOT WHILE CITY OR TOWN STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST
BALLIMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry X and in my opinion Natural causes X Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/24/86 Deputy SIGNATURE. EXAMINER'S NAME Thomas C. Hill Jr. Pine Bluff Road, Salisbury, MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. UP PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH WITH THE STY BACTHMORE, MARYLAND, 2)			that I took charge from: Nature	of the remains described courses	Accident	_, su	Autop	, Homicid	ecify) outy	D. Inquir Undetermined r MEDICAL EXA	MINER	DATE SIGNE	0_7-31	-86
	DXADAA	23a.	BURIAL, CREMATIC	ON, REMOVAL 23	b. DATE 0 /5 /1 00	23c.1	NAME OF CEA	AETERY O	RCREMATOR	2 2.	3d LOCATION				TATE
07. 25.			Burial FUNERAL DIRECTO HOTTOWAY	OR	8/5/1986 Home, [©] P:#	-			25			AR 256 REGIS	TRAR'S S	Marylai IGNATURE	

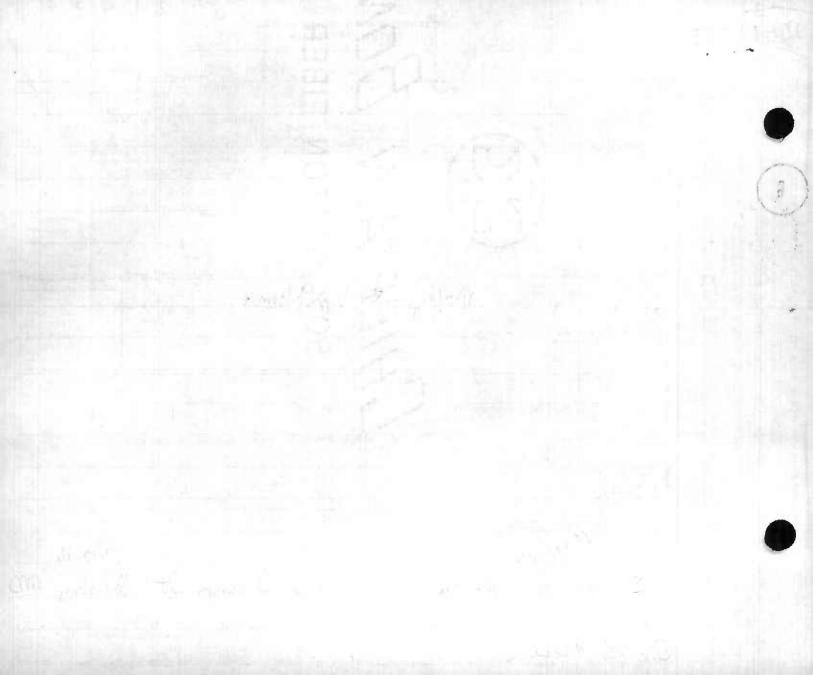
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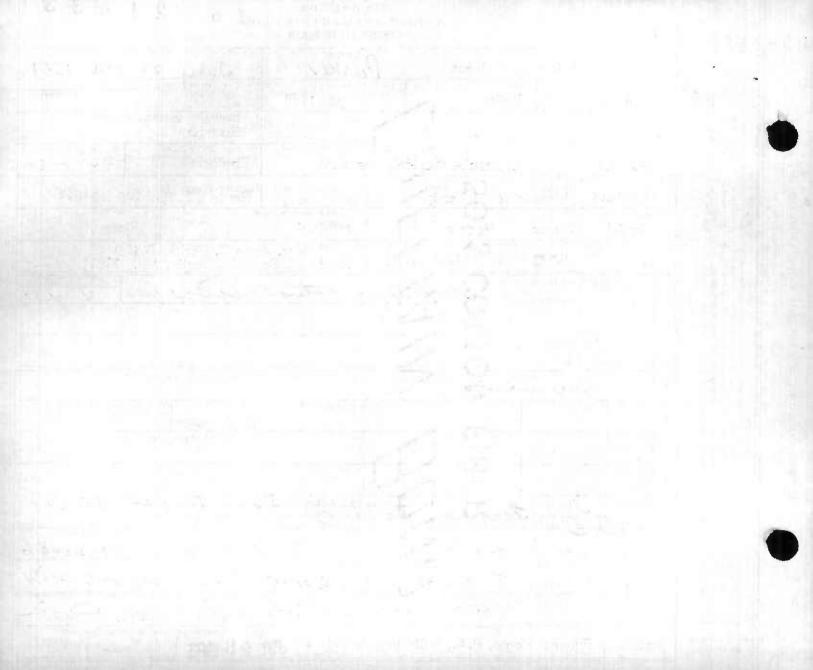
-13850	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4 3 1
a h 40 a	1. DECEASED NAME FIRST TYPE OR PRINT) Edna	Mills	Outen Ute V	July 26 198	10 110011
ge 4 ma enter pr	Female	White	April 05, 1904		UNDER TYEAR IF UNDER 24 MRS
	Maryland Maryland	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	DE DEATH
1180	Salisbury	Peninsula General	ral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS C
11) 133	UAL RESIDENCE (IF NURSING HOME 130 STATE 136 COI Maryland Wic	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 134, CITY OR TOW SALISD		134 STREET ADDRESS / ZIP CODE COULDOURN	e Mill Roa
1 1220	Edward	Mills	15. MOTHER'S MAIDEN NA Éfitzabet	h MIDDLE	Briddell
Poges	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 214-10	JRITY NO. 17 INFORMANT Lois -6145 5916 Snowde	E. Schwartz (Daugh ns Run, Edersburg	nter) , Md. 21784
physical mpoper moval.		only ane cause per line far (a), (b), ar SED BY: Cardiac ATE CAUSE (a)	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 50 min
mending recorbing ten, er n	Conditions, if ony, which		ENCE OF Infarction		? 8 hrs
by the	gave rise to immediate couse (o), stating the underlying cause last	due to, or as a consequence Arterio	ENCE OF SClerotic Heart	: Disease	? years
Then plant in a land in a	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
No. by	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
Class 1	OR CONTRIBUTING TO CAUSE OF I	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
do Peris	LIFEITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED MILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	PARM, ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDE AF for vier in of Health	saw the deceased live.	attended the deceosed from June 16 19 19 19		deoth accurred on the date and hour	2_86, that (I) (№) I and from the causes stated
TA, Se a denotried denotried Dept.	22b. SIGNATURE	c Hill		MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED 7/27/86
D HOSPITA D FUNER O FUNER Coold be d (ith the Sta	Thomas C. H	Hill Jr. M.D.	Pine Bluf	f Road, Salisb	ury, Md.
BP	23a. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY ICOMICO Memorial P	ark Salisbury, Wico	mīčo, Maryldi
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Holloway Funer	al Home, P.A., Sal	isbury, Maryland	TE REC'D. BY REGISTRAR 256. REGISTR.	

10.5.6 | 10.5.6 | 10.5.6 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10.5.4 | 10. Bertrag - Film kan kafe and ka na Desamble

1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEA	EG. NO.
1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEA	
	TH MONTH DAT TEAK TO HOUR
	July 8, 1986 M
2 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (INVERRS)	
male white May 24, 1926 66	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE ISTATE OF FOREIGN 12h CITIZEN OF WHAT COUNTRY? B	ITY OR COUNTY OF DEATH
COUNTRY) Marvland USA MARRIEDX NEVER MARRIED WICOME Micome	ico MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCI	UPATION 126 KIND OF BUSINESS OR
	MOST OF WORKING LIFE) INDUSTRY
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
Manager and Additional Property of the Street About	vde Avenue 21826
FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
George Outten, Sr. Cecie	Phillips
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT A	ADDRESS "
(YES, NO OR UNKNOWN) IF YES GIVE WAR OR DATES) 213-24-0084 Etta Mae Outten	03 Clyde Avenue
18 CAUSE OF DEATH (Enter only one cause per line for ra , tb , and rc	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALAMMAT LANDS	a, we have a second
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	
gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 3:0
NO The section of the	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY: YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO	
710. ACCIDENT WAS UNDERLYING AND TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF THE AND AND MONTH DAY YEAR	OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
ON O STORE STREET CITY OFFICE, FARM, ETC.) ON O STORE STREET CITY OF STREET CITY	OR TOWN COUNTY STATE
21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE C) 10	
220 Certify that (I) (this haspital) attended the deceased from	
sow the deceased alive on 19 ond that in (my) (aur) apinion death accurred on above, (f) here ided index and years the body after death	the date and hour and from the causes stated
DEGREE 2726 SIGNATURE DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL PHYSICIAN DIRECTOR PI	STAFF HYSICIAN 7/17/86
22d PHYSICIANS MANEL 220 ADDRESS	f. 01
21 EST DOSON N GRASSO 1300 S. Muram	It Julistin MD
230 BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BP Burial 7/11/86 First Baptist Cem Dogome	oke Worcester Md.
BP Burial 7/11/86 First Baptist Cem. Pocome	
	TRAR 256 REGISTRAR'S SIGNATURE



10-12627	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEN® 6	2 4	3 3
0 13071		CEASED NAME FIRST	WIDDLE	Parker		MONTH DAY YEAR	2b. HOUR
be of h	TITLE	William	West	Parker	July	22 1986	1537 M
mox p	3. SE >		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE	
rs of rs	-	Male	White	09 30 1923	62	YRS.	HOURS MIN.
Pour Shou	C	OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED X NEVER MARRIED		COUNTY OF DEATH	
de or		lmar, Maryland	U.S.A.	WIDOWED DIVORCED	Wicomico		MD.
s ofter of the filled with	1	alisbury	NAME OF HOSPITAL, NURS (IF NOT, IN SUCH FACILITY, GIVE STREE Peninsula Gene	ing home or other institution trail thospital	TYPE OF WORK FOR MOST OF Engineer	WORKING HEET INDUST	phone Com.
AND 212 T24. hour fulled in	13a. S	TATE 131 COUN	other institution Give residence berd ITY ISC CITY OR TO Cester Berlin		Route #2	Box 245 2	21811
MARYLAND red withmr 24 only 2 free!	14 FA	THER'S NAME Daniel James	Parker LAST	Mildred	AME MIDDLE	West	(AS1
BALTIMORE, cate be execut ysicion and co opers. Pagest wol. it, the medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC 218-16-	WITS.	Anne T. Parke ox 245, Berlir	er (Wife) n. Md. 2181	11
that the death certifical by the ottending physicase remove carbon page iol, cremation, or remove or the or remover.		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.		LENCE OF	rler	9 in science	ROXMATE INTERVAL ENCONSET AND DEATH Y Y Y Y Y Y Y Y Y Y Y Y Y
equires equires in signe Then pl injury, o	NOI	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	OITION GIVEN IN PART	110
he low on. the remit the permit the permit the permit the prior only ows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
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NVISION AG PHY offer this os the bu h ond M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	. FARM, EIC.) 211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
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TAL OR by the he he he he detoche fote Dep		Williams	Magelin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22-86
TO HOSPIT to FUNER should be with the Ste WITH THE STE		Will An		ELMD PEHMIC		sury me!	0 2/80/
BP	- (URIAL, CREMATION, REMOVAL Burial	^{23b. DATE} 7/25/1986 S	NAME OF CEMETERY OR CREMATORY Unset Memorial Park	Berlin, Wo	orcester, Mo	
DHMH - 16 60M 7/84 (VRA 15 4)		lolióway Funeral	Home, P.A., Sali	sbury, Maryland	TE REC'D. BY REGISTRAR	13b. REGISTRAR'S SIGN	NATURE PROJECT

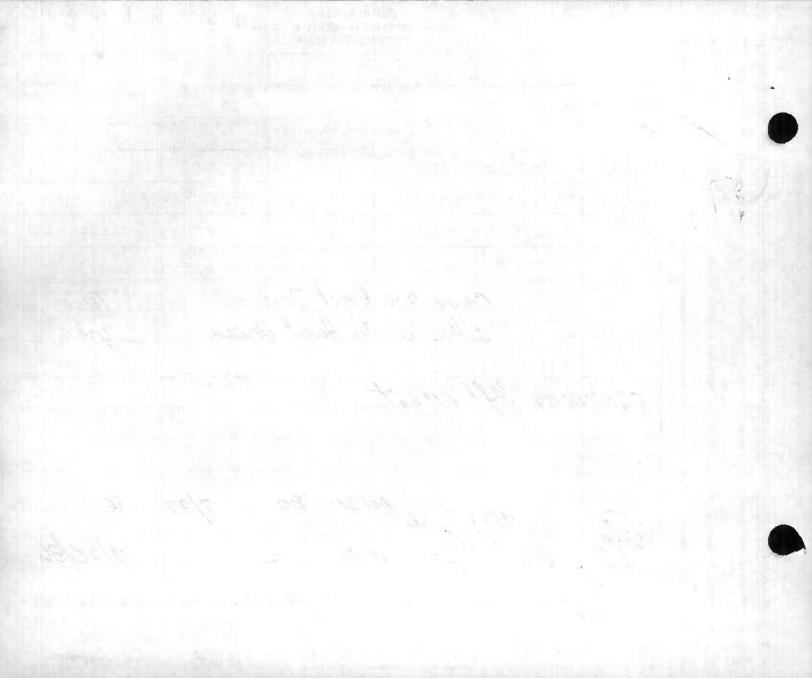


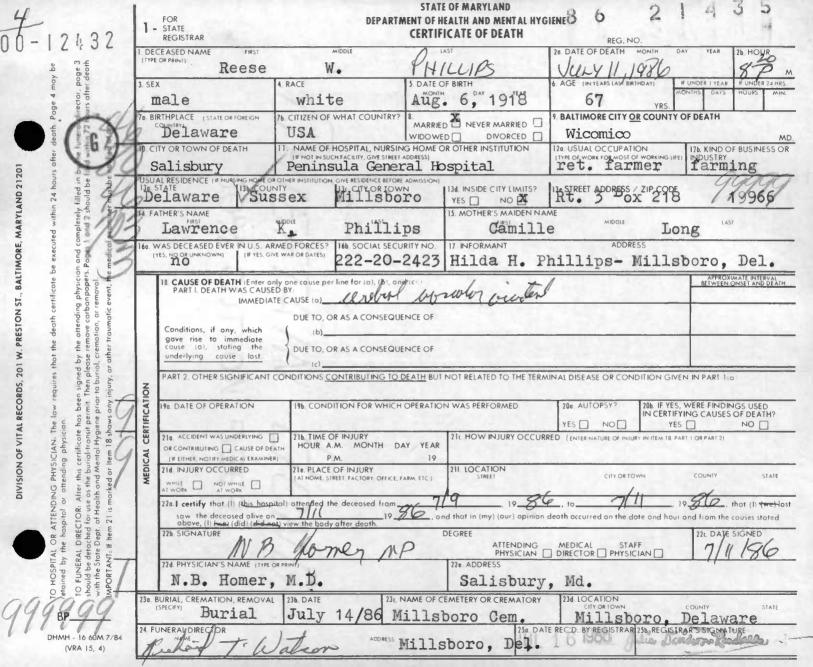
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	6 REG. NO.	2	1	
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DHMH - 16 60M 7/84 (VRA 15, 4)

nolloway Funeral nome, P.A., Salisbury, Maryland

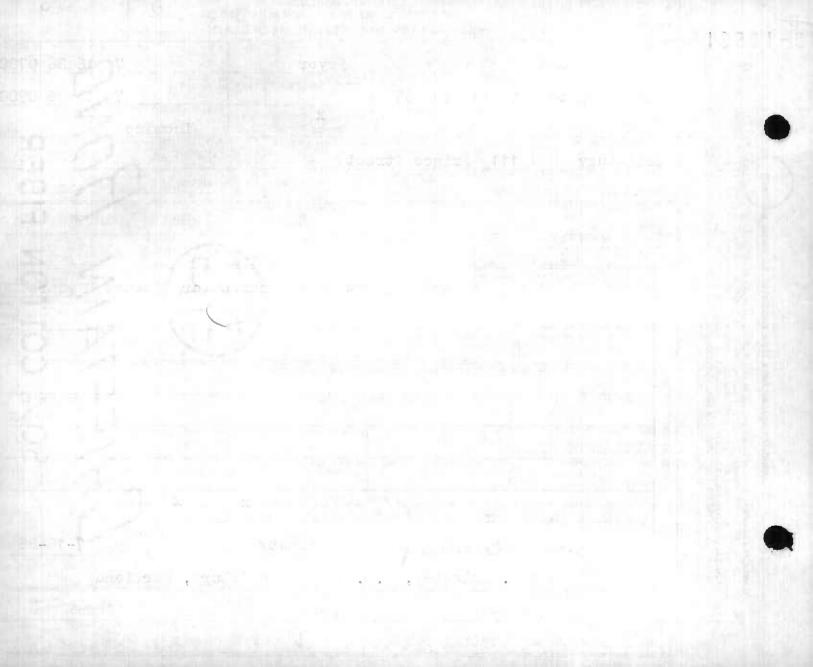




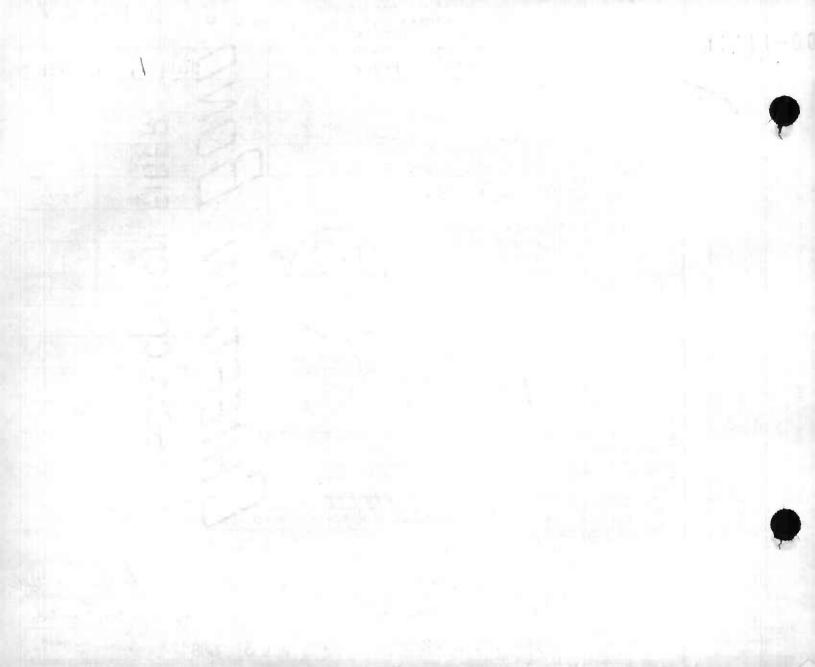
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	ES ES	FC	REIGN COUNTRY				IKI		D X NEV		DU			_	IT OF DEATH	
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E S OUR FILES. EL MITHIN 72 HOURS IN PESSON STREET,	1	aryland			S.A.		WIDOWE		DIVORCE			comic			MD.
	A SEE F	1	TY OR TOWN C		11. NAME OF HOS		TREET ADDRESS)		RINSTITUT	ION	12s USUA	ALOCCUP.	ATION (TYPE	OF WORK	126 KIND OF B OR INDUS	
1	NO A SER		alisbu			rinc					Reti	red C	llerk		Dept.	Store
(8	A PAN	USU/	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSIO		13d. INSIDE CIT	v enures 1	12- CYDES	ET ADDRES	c	1	ALT YOU	
6	RETAIN PAGE HOULD BETHER RECORDS 20		laryland	Wic	omico	Sal	ortown		YES X	NO [111	Prin	ice St	reet	2180	1
1	AL S	14. Fz	ATHER'S NAME			-1			15. MOTHER							
	1 250 E		Lee		Fooks	Tr	uitt	-	Ét	thel		Ma	1e	C	offin	
Ö	E PAGE FORM FORM ON OF	160 \	VAS DECEASED	EVER IN U.S. ARA			IAL SECURITY	NO	17 INFORM	ANT			ADDRESS			
BALTIMORE	SS SS S	()	NO NO UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	1 110	-10-648			iam T.	Prv	or		as	136	
¥	S AFT GIVE ITH F PAGE IVISIO					1		′′	MITTI	Lam I	· ILy	OL .	Janie	4.5		
1	NIT. P		18 CAUSE OF	DEATH (Enter onl	y one cause per line				~ -			-,)	-		APPROXIMA BETWEEN ONS	ET AND DEATH
Z	XECUTED WITHIN 24 HOURS AFTER DE 4G" IN PROCIL IN ITEM 18 GIVE PAGE 24 EXAMINER ALONG WITH FORM BURIAL TRANSIT PERMIT PAGES 1.9 AND MENTAL HYGIENE, DIVISION OF ATTON, OR REMOVAL.				E CAUSE (o) AL		oscle		c (a)	raiov	vasc	ular	Dise	ease	yea	ırs
PRESTON	A A A A A A A A A A A A A A A A A A A				DUE TO, OR	AS A CON	ISEQUENCE C	F							1	
0.	AAN AER			s, if ony, which	(b)											
3	SA SE SE		cause (a)	stating the under-		AS A CON	ISEQUENCE O	F			8.80	1	1			1-14-5
201	SHOULD BE EXECUTED DRD 'FENDING' IN PR CHEF MEDICAL EXAN E USED AS A BURIAL TOF HEALTH AND MEI URRALL CREMATION.		lying caus	e last.	(c)										331. W	
	EXECUTION OF THE PROPERTY OF T		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	IAL DISEASE	OR CONDITION	GIVEN IN PART	I I to:					
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2	ED ANELLE EL L'EST	CERTIFICATION	19e DATE OF C	OPERATION	19h CONDI	ION FOR	WHICH OPERA	TION WA	S PERFORA	AED?					20 AUTOPS	/2
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DIVISION OF VITAL	CERTIFICA ITING THE DED TO THE 3 SHOULD DEPARTM I PRIOR TO	MEDICAL	WHILE	NOT WHILE	21e PLACE (ORY, FARM, E		21f. LOC	REET			CITY OR TOW	N	co	UNTY	STATE
۵	WRI WARG PAGE 2120	1	AT WORK	AT WORK												
	RE THIS CERTIFICATE SHOUTE. TE, WRITING THE WORD SRWARDED TO THE CHIE RE PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF D, 21201 PRIOR TO BURRUP		220 Leartify	that I took chara	e of the remains des	cribed aba	ve held on	Autopsy		Inspection	~	Inquiry	X and	d in my op		
	EXAMINER: CERTIFICATE JULD BE FORN DIRECTOR: (, WITH THE S MARYLAND,		death resulted		al causes X,	Accident		ide .						a in my op	otnion	
-	RECORD RAN		death resulted	a tram: Natur	dicauses (22),	Accident	L, 300	ide [_],	Hamicia	1000	Undeter	mined mar	iner,			
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	WEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE,	7	SIGNATURE	John	SOM	N ZO N	- pre	M.[0	paroj	MEDIC	AL EXAMI	NER	SIGNE	D	
	S A NO		EXAMINER'S N	NAME Toha	о M D117	10010	TT M	D		Col	l i ab	12 20	T/1 0 202	7	a	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2.		(TYPE OR PRIN		n T. Bul				DDRESS			ury,	Mary	/ Lan	lu	
	₩ ₩₩₩	23o.B	PEC (FY)	ION, REMOVAL 2			NAME OF CEM				23d LOC	RIOWN		COU		STATE
07/84	4 BP		Burial		7-19-86	W:	icomico	Mem.				isbur	-		omico	MD
25M	DHMH - 17	24 F	NAME DIRECT		_ADDRESS			4	2.	So. DATE RI	EC'D. BY R	REGISTRAR	25b REGIS	A CONTRACT		to July
	(VR A15 ME (5))		BAKER A	ND BOUND	S SALI	SBURY	, MARYI	LAND	MA	In dil	1-1900	9.	The Dea	101174	Pople	
		-														



1410	1 - FOR STATE REGISTRAR	. 0	EPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	2 4	3 /
7, 10	I DECEASED NAME	ary Beatric		yor Or	20. DATE OF DEATH		
age 7 mg	Female	4 RACE White		19 1897	6 AGE (IN YEARS LAST BIRTI	YRS DAYS	
deoth P	Maryland	U.S.A.	MARRIE		Wicomico	COUNTY OF DEATH	M
ors ofter	NO CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Peninsula G	eneral Ho		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Registere	WORKING LIFET INDUSTRY	OF BUSINESS OI Y
in 24 ho	Maryland 131	HOME OR OTHER INSTITUTION GIVE RESIDER COUNTY Wicomico 130 Sal	OR TOWN ISDUTY	13d. INSIDE CITY LIMITS? YES NO	921 S. Divi	zip CODE sion Street	21801
ompletel ond 2 2	William	Samuel Pryor		Lizzie	Belle	Shock	
Poper /	160 WAS DECEASED EVER IN		-36-2125	212 E. Maii	man E. Perdue n Street, Salis	e (Attorney) bury, Md. 2	1801
dow requires that the been signed by the mit. Then please on guide to burns! creating any injury, an other than the state of the state	gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI FOR DATE OF OPERATION DATE OF OPERATION AS UNDERLY WAS UNDERLY	the ost DUE TO, OR AS ACO ost (c) POT CANT CONDITIONS CONTRIBUT fed for the live	nifle. Sing to death but	epticemia. NOT RELATED TO THE TER iabelies. N WAS PERFORMED	MINAL DISEASE OR COND	20b. IF YES, WERE FIND IN CERTIFY ING CAUSE	INGS USED
The	210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCU	YES NO	YES 🗌	NO 🗌
offer(SCIA) offer(SCIA) offer(SCIA) the the twind-In the and Meetal I ifked or them I	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL II 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	XAMINER) P.M. 21e PLACE OF INJURY	19	211 LOCATION STREET	CITY OR TOW	AN CONNIA	STATE
ATTENDE Martin es CTOR: A d'he use 1. af Nedd	saw the deceased o obove, (I) (we) (did)	s haspital) attended the decease live an (did not) view the bady ofter deat	10 87	30/86, 19 id that in (my) (aur) apiniai	, ta	te and have and fram the	, that (I) (we) last e causes stated
FAL OR SAL OR SA	226. SIGNATURE	Tehnologe		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		E SIGNED
TO FUNE hould be the the S	KOTA L	. CHANDRAS	EKHMRA	306 K	ay Ave	Sales 60	y MU.
BP	230 BURIAL, CREMATION, REA (SPECIFY) Burial	7/5/1986	Vicomic	emetery or crematory o Memorial Po	ark Salisbury,		
DHMH - 16 60M 7/84 (VRA 15, 4)	Holloway Fund	eral Home, P.A.,	Sälisbury,	Maryland 250. DA	JL 3 1986	Sh. REGISTRAR'S SIGNA	June



1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 6	2 1 4 3 8
	OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH M	4.5
					986 8 A
3. SE		The second secon			MONTHS DAYS HOURS MI
			DECEMBER 31, 1903		YRS.
W	isconsin	USA	MARRIED X KNEVER MARRIED WIDOWED DIVORCED	WICOMICO C	
Sa	alisbury /	Deer's Head Cen	ADDRESS) ter. Salisbury, MI	Homemake	WORKING LIFE) 126. KIND OF BUSINESS (
USU 13a.	AL RESIDENCE HE NURSING HOME OF COLUMN TO THE COLUMN TO TH	or other institution give residence before INTY 13, CITY OR TOW Chester Rhodes	dale 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 3	zip 600 659
MA. F	ATHER'S NAME Carl	MIDDLE Kragen	13013	ME	Balka
				ardson Rho	S 1, Box 191 desdale. MD
CATION	gave rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a) (20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
F				YES NO	YES NO
		EAIR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
	270. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did not see that the see th	on 7 - 30 19 19 19 19 OR PRINT)	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	death accurred on the date	221. DATE SIGNED 7-30-8
	1. DE (17P) 3. SE 70 B W 3 10 C S 6 USU 130 14. F.	Testate REGISTRAR 1. DECEASED NAME (IYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE STATE OR FOREIGN COUNTRY) WISCONSIN 10. CITY OR TOWN OF DEATH Salisbury USUAL RESIDENCE IF NURSING HOME (PIRST) Carl 18. CAUSE OF DEATH Enter PART I. DEATH WAS CAUSE (PIRST) Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEA	REGISTRAR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ESTHER E. RICHARDSON 3. SEX FEMALE 76 BIRTHPLACE ISTATE OR FOREIGN VISA 10 CITY OR TOWN OF DEATH SIATE OR FOREIGN DEET'S HEAD COUNTRY? WISCONSIN 11. NAME OF HOSPITAL, NURSIN DEET'S HEAD COUNTRY? WISCONSIN 12. NAME OF HOSPITAL, NURSIN DEET'S HEAD COUNTRY? WISCONSIN 13. STATE DOTCHESTER HAND OF DEATH SIATE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 139. STATE DOTCHESTER MIDDLE LAST Kragen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NQ OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per lips for (a), (b), on PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE UNDERTO, OR AS A CONSEQUE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING TO THE CONDITION FOR WHICH AT WORK AT WORK 211. NOT WHILE TO A CONDITION FOR WHICH AT WORK AT WORK 212. I certify that (1) (this hospital) attended the deceased from Souve, (i) (we) (did) (did not) view the body after death.	DEPARTMENT OF HEALTH AND MENTAL HYDE STATE REGISTRAR 1. DECEASED NAME (17PE OR PRINT) ESTHER E. RICHARDSON 3. SEX 4. RACE WHITE 10. CITY OR TOWN OF DEATH STRUCKING, ONE SHEET ADDRESS) 10. CITY OR TOWN OF DEATH STRUCKING, ONE SHEET ADDRESS) 10. CITY OR TOWN OF DEATH STRUCKING, ONE SHEET ADDRESS, ONE SHEET AD	TO STATE REGISTER 1. STATE REGISTER 1. DECEASED NAME 1. SETHER E. RICHARDSON 2. DATE OF DEATH 3. SEX 4. RACE WHITE 1. DECEMBER 31, 1903 82 1. SEX 1. SEX 4. RACE WHITE 1. DECEMBER 31, 1903 82 1. SEX 1.

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH July 19, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH **WICOMICO** 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR type of work for most of working (IFE) Student Rte 7 Box 32 N. Park Drive Koettel 17 INFORMANT Mr. Keith E. Rinehart (Father) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 7/21/1986

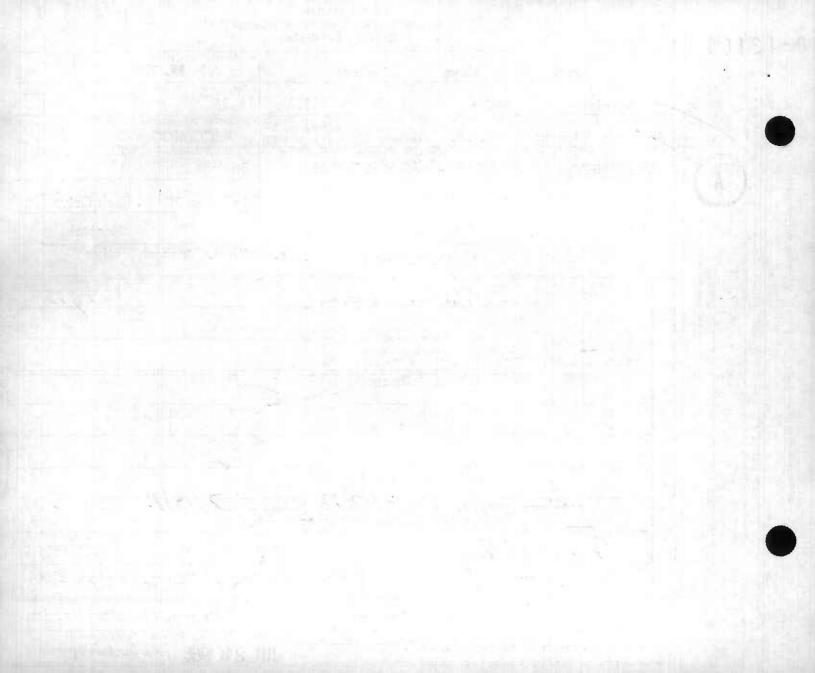
Phillip Morris Drive, Salisbury, Maryland 21801

Burial 7/22/1986 Wicomico Memorial Pk Salisbury, Wicomico, Maryland

Holloway Funeral Home, P.A., Salisbury, Maryland

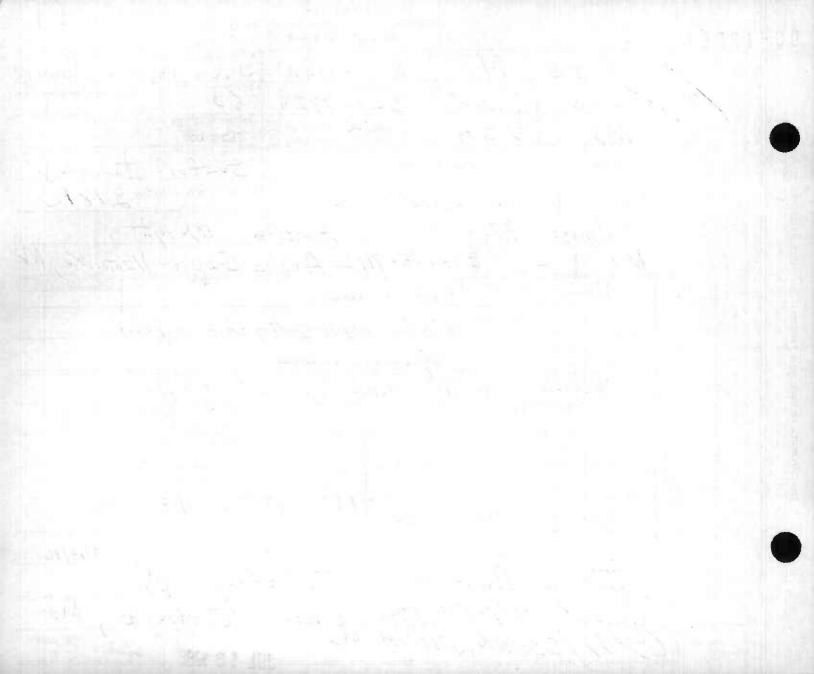
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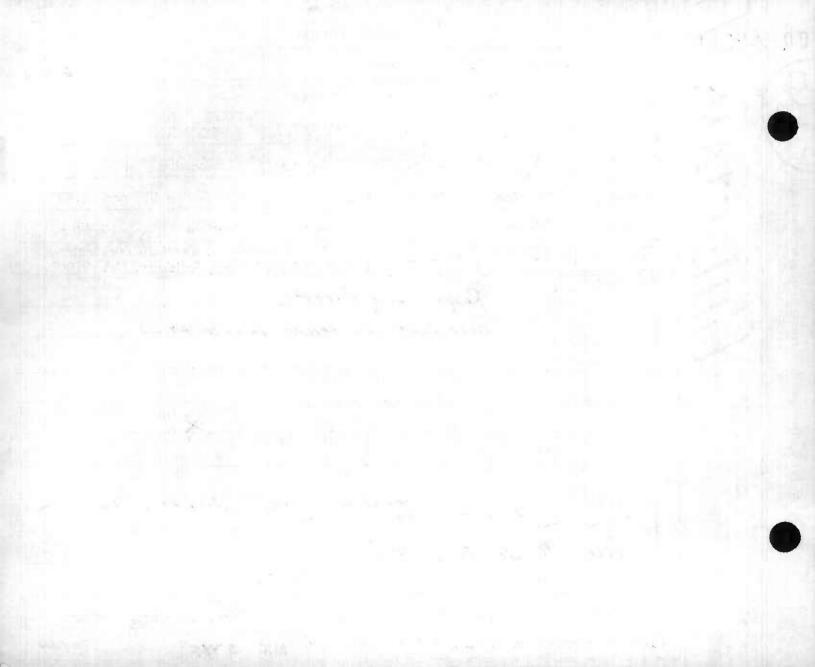


1				STATE OF MARYLAND
T-		1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 1 4
0 101	0.7		REGISTRAR	CERTIFICATE OF DEATH REG. NO.
1 = 3	9/		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR
9 6	eoth	(TYPE	ORPRINTI LININI DIN	D S. ROBERTS SAJULY 17, 1586 6:00A
70	0 0	2 05	Howalle	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
£ ,	4	3. SE	MAI	MONTH DAY YEAR OLD INTERNATIONAL MONTHS DAYS HOURS MINE
90	-	_	MHLE	WH/TE 2-3-/2 /T YRS.
P _o	2 805		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
thoa	6 25		MD	1914 WIDOWED DIVORCED Wicomico
Ď	1 10	16 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS O
- 4		Us	Salisbury	Peninsula General Hospital (Type Or york for Most of Working Life) INDUSTRY ARMS
120	4 3		4	
MARYLAND 2120 ed within 24 hours	2. 3	13a 3	STATE MAN 13b/COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE
in 2	4	-	ATHER'S NAME	15. MOTHER'S MAIDEN NAME
With With	02	1	FIRST	MIDDLE LAST LAST LAST
	100	1	MAWKEN	KE NOBERYS HANDA MATHANEY
ORE,	dico	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
BALTIMORE,	Po P	-		WIT 215-32-9/32 DIN. KOBERYS CEAN CITY 1
ALT te b	ol.		18 CAUSE OF DEATH (Enter or	nly one cause per lings for (a), (b), and (c) HEALTH ONLY AND DIATH
	nove ent,		PART I. DE ATH WAS CAUSE	DBY:
is a		.00	IMMEDIA	TE CAUSE (a) / VULTION WILL / CONTROLL
Ö 4				DUE TO, OR AS A CONSEQUENCE OF
deoi	otion		Conditions, if any, which gove rise to immediate	(b)
_ = =	er e		cause (a), stoting the	Due to, or as a consequence of
thot I			underlying couse last	(c)
6 6 7	0 2	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
RDS	Then I	o O	diabetes	mellitus
0 3	Pro Pro	¥	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED
L RE	w e be	CERTIFICATION		YES NO YES NO YES NO NO
VITA N. Ti	Hygue Saba	E E	210. ACCIDENT WAS UNDERLYING	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Phys phys	1 2 2	_	OR CONTRIBUTING CAUSE OF OF	ATH HOUR A.M. MONTH DAY YEAR
NS IC	burial Menth order	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P. M. 19 216. PLACE OF INJURY 211. LOCATION
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion.	o pa	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIVIO ING	olth o		AT WORK AT WORK	
				ital) attended the deceased from 19 86, that (i) (me) against death accurred to the date and have and from the course stated
ATTEND ospitol o	2 4 5		sow the deceased alive on above, (1) (we) (did) (did no	19 0 ond that in (my) (see) apinian death accurred on the date and have and from the causes stated by view the body after death.
0 -C 0	ept hed		22b. SIGNATURE	DEGREE 22c. DATE SIGNED
			Kodne	AUDINUCH M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
HOSPITAL ned by 18	1000 4		224 PHYSICIAN SNAME (TYPE	
O HOSP	should by with the		RODNEY	A. WENRICH 100 POWER ST. SALISBURY Md. 218
5 g 5	5 4 3 X	230	CREMATION, REMOVAL	7(. 1011011
0.0	1	230	PEN M. A. ZIAM	2 18 SALLA GIOLA AD CORTANY 11 BISDOW MAN
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DHMH -	16 60M 7/B4	24 F	UNERAL DIRECTOR	250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA	4 15, 4)		ILLKICH	L'101 NETTIN 11/1/2 305 03 1300 1 2000 1

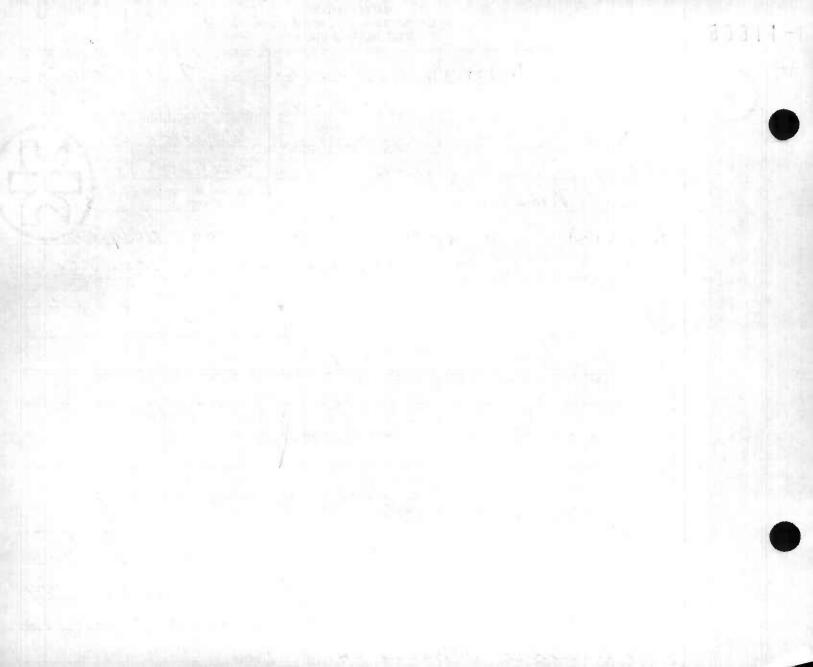
0.0	1	FOR .	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	DIENE 8 6 2 1 4 4 1
00-12562		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
e 6±		CRASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
noy be		11050	14.	1COCHESTER	JULY 13, 1986 0644M
ector, p	3. SE	Female	Black	5. DATE OF BIRTH 2 MONTH / DAY 9 2 EAR	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
2 di Po		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
death.		N	V. 3 K	WIDOWED DIVORCED	Wicomico MD.
by the filed with and with a state of the st	1	alisbury	NAME OF HOSPITAL, NURSIN (IF NOT, IN SUCH FACILITY, GIVE STREET Peninsula Gene:	AG HOME OR OTHER INSTITUTION ADDRESS! Cal Hospital	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY
212 din be f	U5U 130	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP CODE
AND THE PARTY OF T		Mt WIC	onia BIVA	YES NO	136-STREET ADDRESS / ZIP CODE 2 /8/4
MARYL with ed with one of with	14. F/	Wilmore "	IODLE ETS E LAST	15. MOTHER'S MAIDEN NAM	ME MADOLE 19th LAST
oe execut on and co . Pages 1		VAS DECEASED EVER IN U.S. ARM YES, DOR UNKNOWN) IF YES, GIVE	WAP OP DATES	17 INFORMANT Ameli	& Cropper NIntucke, No
ST., BALT		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	The anst	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or the central or			DUE TO, OR AS A CONSEQU		
PRESI		Conditions, if any, which gove rise to immediate	(b) diate	re riphriphit	Just mprom
by the asserter other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	Wrong of	
RDS, 20 equires t a signed Then ple ta burio	NO	PART 2. OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
L RECOIL	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTODBY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO
FVITA IAN: Th physicic prificote I-fransit ol Hygisi ol Hygisi	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIA ng ph certifi orial-tr entol	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	19	
DIVISION OF VITAL OUT PHYSICIAN: The outending physician sertificate in this certificate in the and Mental Hygies the and Mental Hygies orked or Item 18 should hygies orked or Item 18 should hygies and the serting the ser	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
NOIN I or Noin Is man		22a.1 certify that (1) (this haspita	l) ottended the deceased from_	198	, to, that (I) (we) lost
ATTE Spirto CTO d for of b		saw the deceased alive on above, (1) (we) (did) (did not)	view the body after death.	ond that in (my) (our) opinion o	deoth occurred on the date and hour and from the causes stated
DIRE ochec		226. SIGNATURE	2)	DEGREE ATTENDING	MEDICAL STAFF
HOSPITAL med by th FUNERAL Jid be dete the State		22d. PHYSICIAN'S NAME (TYPE O) P	PRINT	PHYSICIAN C	DIRECTOR PHYSICIAN 7/13/86
O HOSPITAL O FOURERAL O FUNERAL INDIGHT HE STORE		Joseph	139402	22/12	back Mo
BP	23a. 8	BKX12	7/19/85 7	TAME OF CEMETERY OF CREMATORY	23d LOCATION / CVINGOUNTY MOTTATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	MANDIRECT 10	sub BIV.	Alley, MJ 250. DATE	REC'D. BY REGISTRAR'S S. REGISTRAR'S S. GNATURE
		100			11 7 15 70207



00-14308	8	1 - FOR STATE REGISTRAR			ENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. NO.	21.	4 4 2
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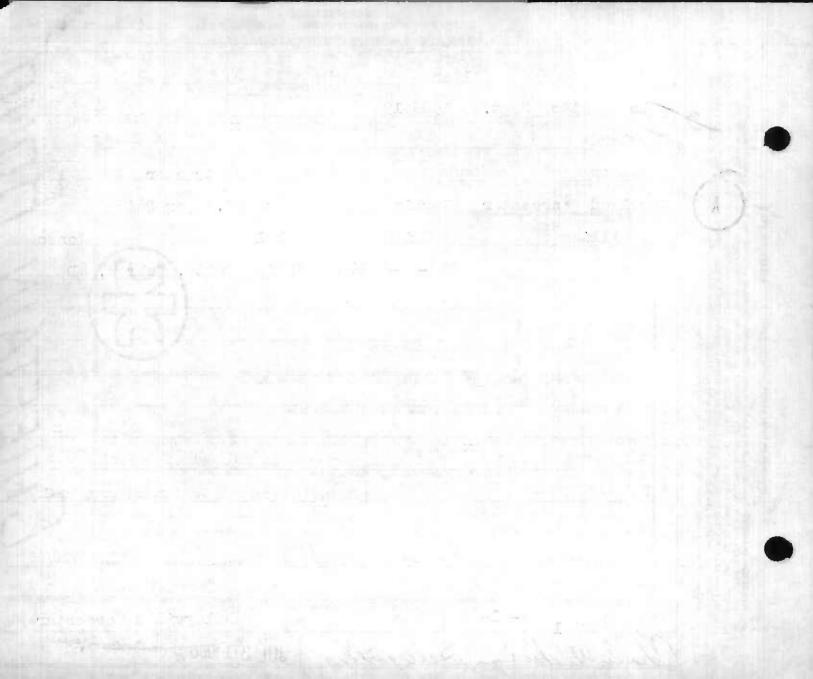


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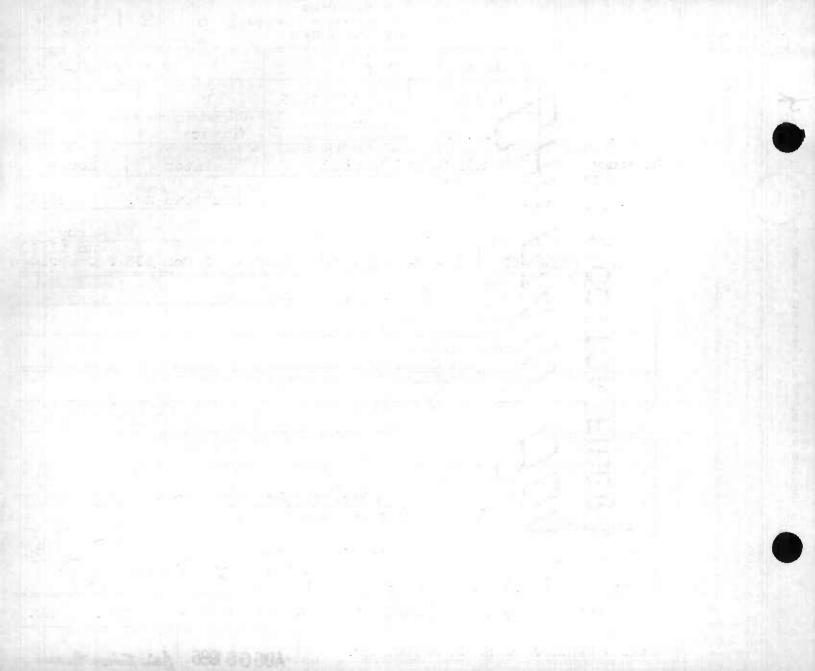


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Podd Co	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANTSON) 879-9237 ADDRESS 968 Southampton Road NO. 216-46-1087-B Mr. John E. Dudley Toll Air, many and 21014
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SECIANO SECIANO CONTROL CONTRO	OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
Affection of the first of the first ond M	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE
ATTENDS or CTOR, A Lifer uses of Health	220.1 certify that (I) (this haspital) attended the deceosed fram 7-9, 19-9, to 77-7, 19-9, that (I) (we) to saw the deceased alive an 7-7-7, ond that in (my) (aur) opinion death occurred on the date and haur and Irom the couses stated above, (I) (we) (did) (did nat) viewahe body after death.
TAL OF A The he defocing defocing the Dept	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR
O HOSPITA TO FUNER Hould be d	22d PHYSICIAN'S NAME (18PE OR PRINT) 7. L. RAFFETTO 22e ADDRESS PG F
BP	230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BEL AIR, Harford C., Maryland 2100
DHMH - 16 60M 7/84 (VRA 15, 4)	21 FUNERAL DIRECTOR WITH TOSTET 50 W. Brondway & Williams St. 250 DATE REC'D. BY REGISTRAP'S SIGNATURE JUL 25 DOLLAR 250 REGISTRAP'S SIGNATURE JUL 25 DOLLAR 250 REGISTRAP'S SIGNATURE JUL 25 DOLLAR 250 PROJECT JUL 250 PRO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME MONTH 26 HOUR TYPE OR PRINTI ESTI-DEATH MATED len Bruce Smith 4 RACE DATE OF BIRTH A AGE LIN YEARS E UNDER 24 HRS 2d HOUR DATE VEAR LAST BIRTHDAY MONTHS PRONOUNCED 1:427 White Sept. 2 DEAD 28 186 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland DIVORCED Wicomico County WIDOWED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Salisbury Peninsula General Hospital Contractor AL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 31 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Worcester Berlin YES 🗌 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Smi th Mabe] Jones 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 274-94-7944 William Smith. Hebron CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Thoraco-abdominal trauma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO DEPARTMENT OF PRIOR TO BUS TIME OF INJURY HOUR AM. MONTH DAY YEAR 71a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 1:10M. 27 10 86 Occupant in auto out of control 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC) Cathell Rd east of Adkins Rd, Worcester Co, MD. road Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion deoth resulted from Suicide Homicide Undetermined monner Notural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/28/86 EXAMINER'S NAME PAGE A William M. Zane, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Whaleyville Worcester Dale 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ERAL DIRECTOR **DHWH - 17 IVR A15 ME (5)**



10-14898	8	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	1447
noy be poge 3		DECEASED NAME FRST	Kirby	Snort M	TW. DATE OF BEATT	31-86 12:15 PM
ge 4 may	3.	male male	4 RACE White	Jan 11 1925		IF UNDER 1 YEAR IF UNDER 24 HRS
death. Po	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD.
offer of the full of the filled with hostiled	0	Salisbury	Peninsula Gene		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Painter	126 KIND OF BUSINESS OR INDUSTRY
y filled in by	3	Md. D	or . Cambri	wn 13d. INSIDE CITY LIMITS?	Bucktown Rd	
0	6		arford Smit		AME MIDDLE ADDRESS	Kirby
e be executed and control of the con	2		ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 218-20		th Rt 1 Box 23	Md 21613 8 P Cambridge APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARNING PHYSICIAN: The low requires that the death certificate be executed where this certificate be executed where this certificate been signed by the attending physician and camplet as the burial-transit permit. Then please remove carbon papers. Page Trand 2 is the and Mental Hygiene prior to burial, cremation, ar removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS	JENCE OF DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1:01
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by the hospital of Barten of Barten of Branch		OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 1 WORK AT WORK 220.1 certify that (1) (this has saw the deceased alive about 1) (we did) (and 2%). IGN AT IRE	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION STREET 19 0 and that in (my) (aur) apinion DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN A death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	county STATE 19.66., that (It (we) last and from the causes stated 22c, DATE SIGNED 7.37.86
TO HOSI	2:	Bo. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY ARYLAND VETERAN	S PURTOCK	DOR. MI.
DHMH - 16 60M 7/8 (VRA 15, 4)	34	THOMAS FUNER	AL HOME CAMBR		TE REC'D. BY REGISTRAR 256 REGISTE	RAR'S SIGNATURE

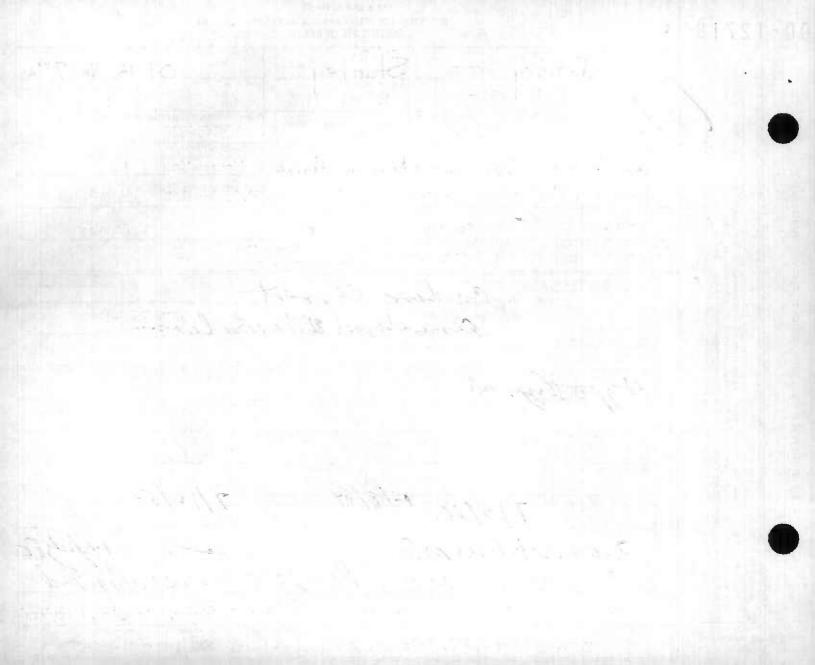


00-12716	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND M	NENTAL HYG	IENE 8 6	2.	4	48
		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
eorh be	/	William	1	R.	Smith			- 7990	7/9/8	36	18 A M
1 11 01	1. 5E	Α	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	RTHDAY)	FUNDER 1 YEAR	
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1 11 57	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR
5 1 19 9/		Salisbury		Head Cer				(R) J.P.	P WORKING (IFE)	1	OF JUSTICE
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OW 1		ES. NO OR UNKNOWN)		218-20-7	232	JOANN	ES. B	ACON, DAUGH	ITER, F	RANKEC	ORD, DE.
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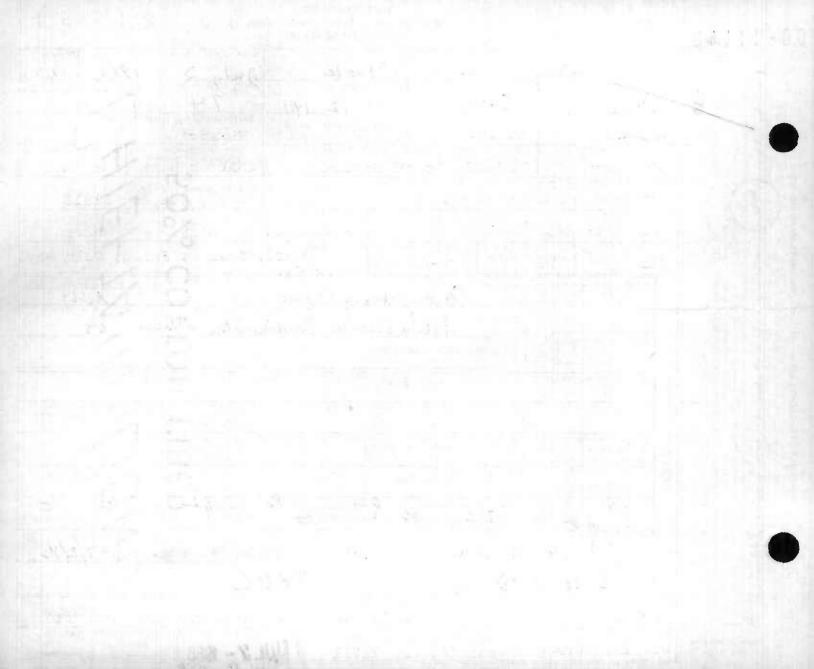
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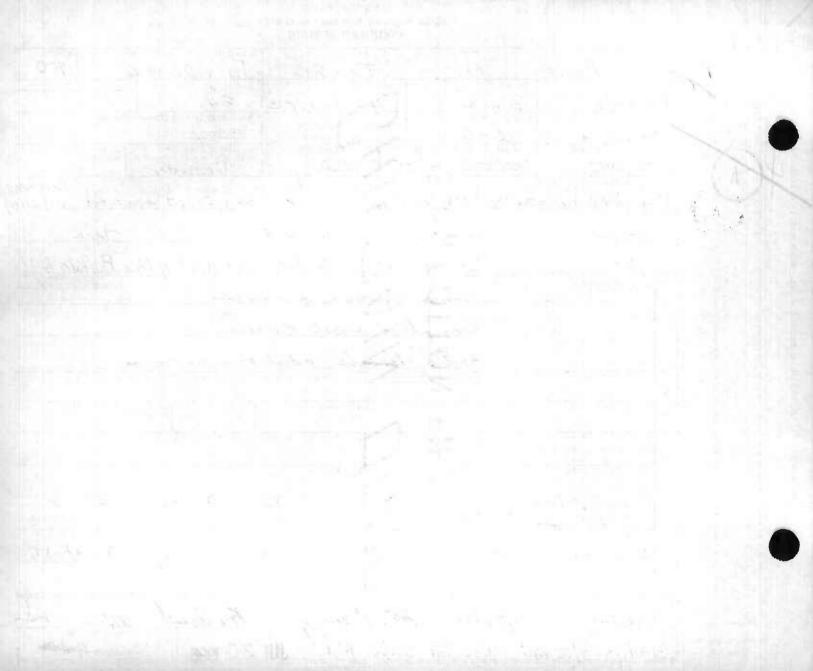
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60M	7/84		INERAL DIRECTOR	108 Wil	liams St.	25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
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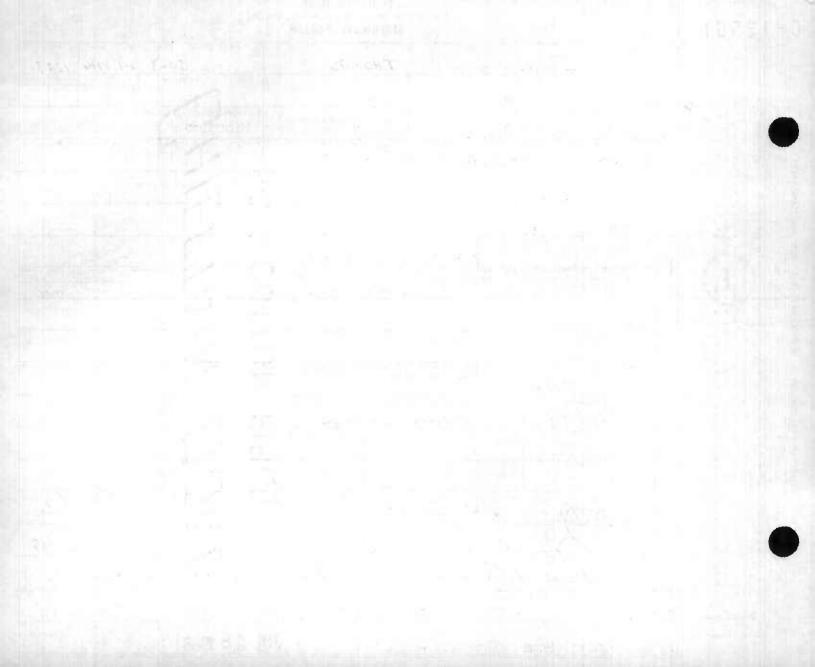
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AND 21:	Maryland	NING HOME OR OTHER INSTITUTION 136 COUNTY WICOMICO	Salisbury	E ADMISSION) /N	13d. INSIDE CITY LIMITS? YES NO 🗆	13e STREET ADDRESS Newton	Street	21801
Sattimore, Maryla cote be executed within application and to cotted open and to cote and a cote and to cote and to the medical action and the medical action action and the medical action action action and the medical action a	George		Williams		Mamie	WIDDLE	67.5	Smullen
TIMORE be execu	160. WAS DECEASED EVER (YES, NO OR HINKNOWN)	IN U.S. ARMED FORCES? {IF YES, GIVE WAR OR DATES}	220-32		400 Edlen Par	k, Stephens (S	Marylan	d 21801
4000	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per /AS CAUSED BY: IMMEDIATE CAUSE (0)		e gne	aut Cach	lex19		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST equires that the death cert is signed by the attending I Then please remove corbon to burial, cremation, or ret niury, or ather traumatic ev		which (b)	r as a consequ	CD-YC	NOT RELATED TO THE TERM			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require optending physician. After this certificate hosen signs the buriof-tronsit permit. Then the and Mental Hygiene prior to be orked or them? Is shows any injury orked or term? Is shows any injury	19a DATE OF OPERA			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
SION OF VITA PHYSICIAN: TI ending physici this certificate the buriot-transi and Mental Hygi d or Item 8 sh	210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTHY MEDI 21d. INJURY OCCUR	CAUSE OF DEATH HOUR A.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 C	ORPART 2}
DINISION Or otherdi After this After this dish and M marked or	AT WORK AT WO	RK AT HOME. STE	REET, FACTORY, OFFICE	FARM, ETC }	7/6/86 10	CITY OR TO		OUNTY STATE
TEN TOR or us 11 is	saw the deceas above, (I) (we) ((this hospital) attended the ed alive an did) (did not) view the body	19		d that in (my) (our) opinion	deoth occurred on the de	ote and hour and	
ITAL OR AT by the hosp SRAI DIRECT detached it detached it set of them?	276 SIGNATURE	M/8helst	ta			MEDICAL STAF		7.6.86
TO HOSPITAL of retained by the TO FUNERAL IS should be detained with the State IMPORTANT. If		SWARI SHREST			Deer's Head		lisbury,	Md. 21801
BP	230 BURIAL, CREMATION, (SPECIFY) Crema	removal 236. Date 7/8/1	1986 Sa	lisbury	Crematory	Salisbury	, Wicomi	ico, Maryland
DHMH - 16 60M 7/B4	24. FUNERAL DIRECTOR	1.11	ADDRESS.		25e. DAT	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE
(VRA 15, 4)	Holloway Fr	neral Home, F	A., Salis	bury,	Maryland	11	Charles brease	Mary Variable

Coll Coll State College Colleg MANUAL CONTROL OF THE PARTY OF

NI.	1			STATE OF MARYLAND		0 1 1 1 1	
-13865	1	FOR STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O	2 ! 4 5 3	
13003		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		
2 75 8	(IYE	E OR PRINT) Annie	M	STURGIS	Tuly 2	1986 1700	4.4
1 11	3.58	The state of the s	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE RS LAST BIR	TADAY) IF UNDER 1 YEAR IF UNDER 24 H	HRS
4 of	F	Cilini	Black	MONTH DAY YEAR 4 1 - 1902	84	MONTHS DAYS HOURS M	AIN.
1 1 49	70, 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	RY? 8 MARRIED NEVER MARRIED		R COUNTY OF DEATH	
1 11/31	1	(SEORC, iA	LLAS.	WIDOWED DIVORCED	Wicomico		MD.
1000	1	Salisbury	(IF NOT. IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Deral Hospital	120 USUAL OCCUPATION OF THE COMMENT OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	OR
A: 157	130	AL RESIDENCE (IF NURSING HOME OR STATE / 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE			Daniel	medi.
1	M	/		ONN 13d INSIDE CITY LIMITS? YES NO BY 15. MOTHER'S MAIDEN N	130 STREET ADDRESS	1 -: 1	2/84
1 1801		FIRST	MIDDLE	FIRST	MIDDLE	LAST	
N. A COLOR	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	ADDRE	Clark	_
IMOR			E WAR OR DATES)	0.8107 Lucille Hall	398 Hunti	na Ave Buffila N	V
that the death certifical day, the attending physics or emerce containing physics or other traumatic event,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	D BY: E CAUSE (o) Condid DUE TO, OR AS A CONSI (b) Congres DUE TO, OR AS A CONSI	-Pulmonory A OUENCE OF Live Heart Fa	elun L Valvular	Praida.	CDH.
DS, 20 purps purps ben pla o burn, (vry, o	2	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
NA RECOR	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	,
OF VITA	AL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJU		
IVISION Offerdin of the bor tond Ma	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TO	WN COUNTY STATE	E
ATTENDIS ATTENDIS ACTOR As ed for use of pt. of Health		220.1 certify that (I/ (this hospit sow the deceased alive on above, (I/ (we) (did) (did not 22b. SIGNATURE	A . A	ber	, 10	that W(we) 19 to and hour and from the couses stated	
HOSPITAL ON and by the I be did be detech the State De Contravil # m	-	Dennis J. 22d. PHYSICIAN'S NAME GIVPE OF	- Clodnech	AH ATTENDING	MEDICAL STAI MEDICAL STAI DIRECTOR PHYSIC	FF . 0.1 0.	_
TO HO reference to Fur when the	23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	/	7
BP		Bueial	7/26/86	mt. Cavery	Frui Ki a	10/2	4
DHMH - 16 60M 7/84	78. F	UNERAL DIRECTOR	1 112 (1909)	SS Q / MA / 250. DA	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE	
(VRA 15, 4)	10	LANYS STEWA	pi West Ild	DAlis. Ma	11301986	Tenden - Mandelle	



							E OF MAR					5-0	
-13561	1-	FOR STATE REGISTRAR			DEP		FICATE O	F DEATH	GIENES &	REG. NO.	2 4	5	4
		CEASED NAME	FIRST		MIDDLE		LAST	Later 1	20. DATE OF	DEATH MON	TH DAY YEA	AR 2b HC	OUR
noy be poge 3 rr deoth	,,,,,		JAME	s Me	dford	TH	OMAS			JUL	Y 24,19	No 13	23 M
mo,	3. SE)	(4. F	RACE		S. DATE	OF BIRTH	Y YEAR	6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF UNDER IN		ER 24 HRS
rs of	MA	LE	8	WHITE		Ma				75	YRS.	RT3 THOOKS	min.
Po House		RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUN	TRY? 8	D NEVE	ER MARRIED		E CITY OR C	OUNTY OF DEAT	d	
Georgian de la contra de la con		ryland		U.S.	Α.	WIDOW		DIVORCED	Wicon	nico			MD.
The state of the s	10 CI	TY OR TOWN OF DEA	TH 11.	. NAME OF I	HOSPITAL, NU	IRSING HOME	OR OTHER II	NSTITUTION	12a. USUAL O	CCUPATION FOR MOST OF WO		D OF BUSI	VESS OR
S of Fled	- 27	alisbury				eral H	-	1	Painte		1	K I	
be be	13a. S	AL RESIDENCE (IF NURSI	NG HOME OF OTH	HER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)	113d INSID	E CITY LIMITS?	13e.STREET A		P CODE		
22		ryland	Carol		Pres		YES	NO X	March (5	
thir 2 sp		THER'S NAME	MIDI	DIF	LAST		15. MOTHE	ER'S MAIDEN NA	ME	MIDDLE		LAST	
of John or	1.	John	L			omas		Edith	1	1	N	lewcom	h
d co		VAS DECEASED EVER	IN U.S. ARME			SECURITY NO.	17 INFOR		-	ADDRESS	Maria III	- WCOM	
8 1 1	NO	ES, NO OR UNKNOWN	(IF YES, GIVE W.	AR OR DATES)	220-10-	6190	Len	a M. Tho	omas, P.	O. Box	85 East	on MD	21601
2 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only o	one couse per	line for (a)	Land (C).1		Λ				PROXIMATE IN	
1911			AS CAUSED B			arcinon	· er	oslavos				1	207
- P 0 0 70			MANUED IN THE C		R AS A CONS	EQUENCE OF							
offent we or ion,		Canditions, if any,	which ((b)	K AS A CONS	LOOLINGE OF							
the cemo		gove rise to imm		DUE TO O	R AS A CONS	EQUENCE OF	MI						
by by l. cre		underlying cause		(10)	K AS A CONS	LOOLINGE OF							
n ple burio y, or		PART 2 OTHER SIGN	IFICANT CON	NDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELA	TED TO THE TER/	MINAL DISEASE	OR CONDITI	ON GIVEN IN PAR	T Ita	
The The inju	CERTIFICATION		Tepe	5	0								
prio prio	CAI	190 DATE OF OPERAT	ION	196 CONE	FOR W	HICH OPERATIO	N WAS PER	RFORMED	200 AUTO	PSY? 20	b. IF YES, WERE FILL CERTIFYING CAL	NDINGS US	ED ATH?
ion.	RTIF	7-14	-86	(arreno	me en	phigo		YES 🗌	NO	YES 🗌	NO	
g physicic ertificate rial-transit ental Hygie tem 18 sha		210. ACCIDENT WAS UND		11b. TIME O		DAY YEAR	ZIL HOW	INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN	ITEM 18 PART I OR PAR	1 2)	
ig p riol- ento	WEDICAL	(IF EITHER, NOTIFY MEDIC		P.		19			31 5				
this this d W	(ED)	21d INJURY OCCURR		21e. PLACE	OF INJURY	FICE FARM FTC)	211 LOCA	ATION REET		CITY OR TOWN	COUNT	,	STATE
otten fter thi ss the l h ond or orked o	~	AT WORK AT WOR	ILE			- 57	1	1		7 7	1	1	
R: A use ouse Healt		22a I certify that (I)	(this hospital)	ottended th	e deceased fr	am	110	1956	, to	1-6	19 06	Hovil	()ve) lost
Sprito Sprito CTO d for 1. of h		saw the day	d rive on	iew the bady	alter death	19_1.	nd that in (r	my) (aur) apınıan	death accurred	on the date of	and haur and Iram	the causes	stated
on A bline Ched Chept.		22b. SIGNATURE	7	,			DEGREE		/		22t. D	ATE SIGNE	
7 5 7 5 9 5		/	Jerin	W.	hel -	1 9	m.s.	PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	0 7	7-23	-86
FUNERAL Jid be det i the Stote		22d. PHYSICIAN'S NA			F	1	22e ADDI	RESS) /.	/		- 1	
0 - 0 - 0		102	VINS 1	N. 00:	DD ST			MED CA	TO WES	r - d	ALISBUN	1 /	D
and The Market	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	EMETERY C	OR CREMATORY	23d LOCAT	ION		441-1	
BP		rial		7/28/	86	Spring	Hill	Cemetery	Eas	ton	Talbo	t	MD
IMH - 16 60M 7/84		INERAL DIRECTOR	ARM		ADDR	ECC		250 DA			REGISTRAR'S SIG	NATURE	. 99.
(VRA 15, 4)	Ne	wnam Funer	al Home	e	Easton	MD 216	01	J	JL 28	1986	His Newsday	Spile Spile	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO).		
	CEASED NAME James		sley	Tipte	PTON	2	a DATE OF DEATH	MONTH D	F 87	26 HOUR 5:32AM
3 SE	Male	4 RACE White		5. DATE C			AGE (IN YEARS LAST BIRT	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
A	RTHPLACE (STATE OR FOREIGN COUNTRY)	vania U	.S.A.	WIDOWE			BALTIMORE CITY OF	COUNTY	OF DEATH	MD.
Sa	ITY OR TOWN OF DEATH Lisbury	Penins	La Gener	al Ho	SPITAL		TO USUAL OCCUPATION OF Clergy			rn Church
130. 5	ennsylvania Ac	or other institution unity	GIVE RESIDENCE BEFORE 136 CILY OR TOW Gettys	/N	13d. INSIDE CITY LIMITS	TS? 13	54 N. Hay	ZIP CODE Street	1732	5999
	ATHER'S NAME PIRST	Hines	Tipton		Is. MOTHER'S MAIDEN		MIDDLE		Brede	ī
	VAS DECEASED EVER IN U.S. SES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES) DIEGN	210-21-		Same as	Jay #13	ne Tipton (Wife)		
	Canditians, if ony, which gove rise to immediate couse (a1, stating the underlying cause lost	SED BY: ATE CAUSE (0) DUE TO, O (b) DUE TO, O	CARDIO RAS A CONSEQUI CARDIO RAS A CONSEQUI ACUTI	PUL ENCE OF ENCE OF	NTERDARY	K ERK	N MI		11	WATE INTERVAL ONSEL AND DEATH HR
CERTIFICATION	19a DATE OF OPERATION			DATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI				200. AUTOPSY? 200. IF YES, WERI IN CERTIFYING (
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED	DEATH HOUR A. NER) P. 21e PLACE	M. MONTH DA M. OF INJURY	19	21f. LOCATION	CCURRED	(ENTER NATURE OF INJUR		COUNTY	STATE
M	WHILE NOT WHILE 1 WORK 220.1 certify that W (this hasow the deceased alive above. M (we) (did) (did) 220. SIGNATURE	spital) attended th	8. 19	7 - ar	od that in (my) (our) api		, ta 17 - 2 oth occurred on the do	ite and hour	19.86	those (we) lost
	22d PHYSICIAN'S NAME (TYPE Dennis J. Cho	/	drick	r	22e ADDRESS	AN SI	medical STAF DIRECTOR PHYSIC	IAN	, Md. 2	1801

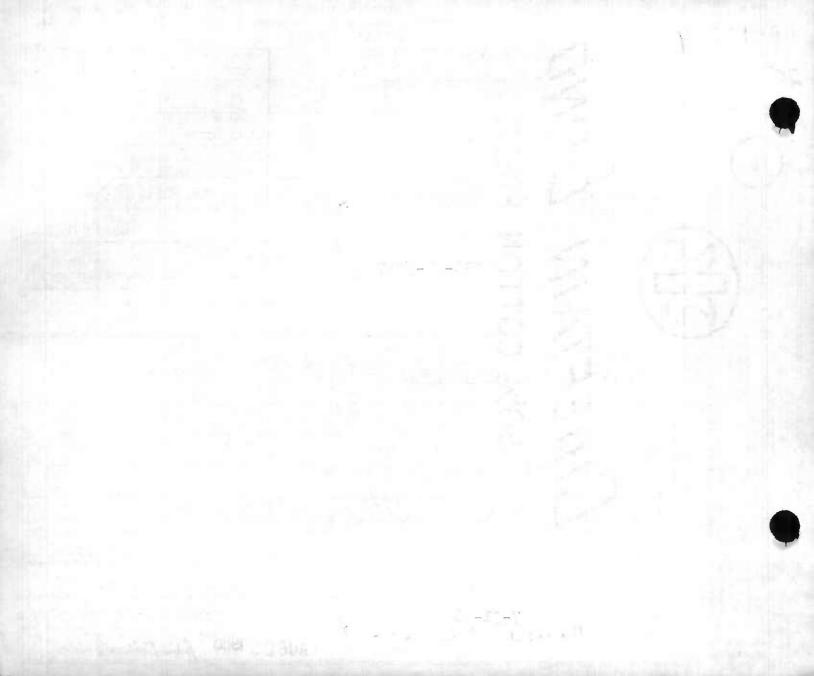
[VRA:15. 4]

230 BURIAL, CREMATION, REMOVAL 7-31-86 Burial

231 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

Geftysburg, Adams, Pennsylvania

Monahan Funeral Home, Gettysburg, Pennsylvania AU6 05



STATE OF MARYLAND

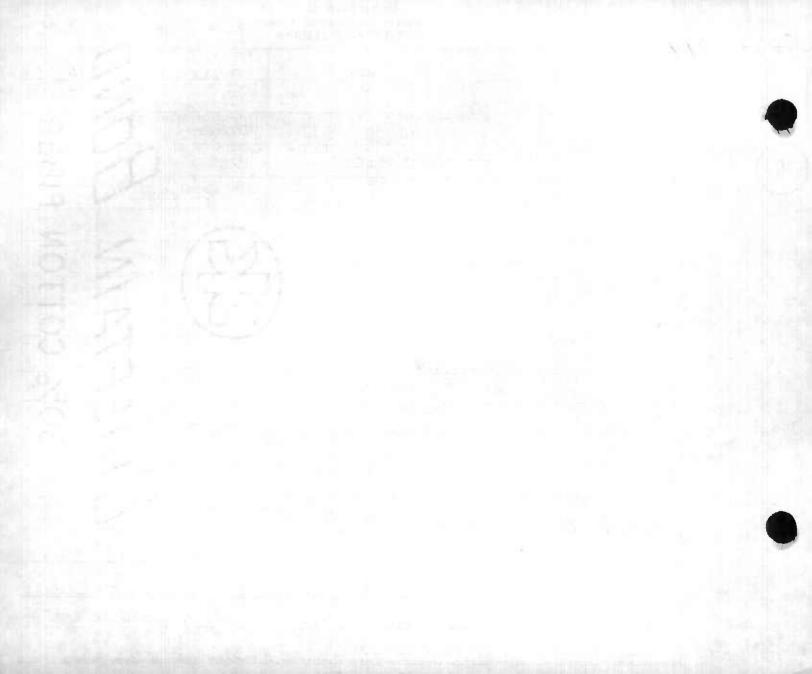
DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 4

2	4.8	5	O

1	14	STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. NO	2. I	100	5 0
1		CEASED NAME FIRST	-	AIDOLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Annabe				ul	7/13/86		W	645 PM
1	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS	DER I YEAR	HOURS MIN.
1		Female	Whit	e	api	ci1 °05 1910	76	YRS		
VI.	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O Wicomico	R COUNTY OF D	EATH	MD.
7	10 CT	TY OR TOWN OF DEATH Lisbury	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Aide	ON F WORKING LIFE)	LKIND OF DUSTRY	F BUSINESS OR
1	13a. S	AL RESIDENCE (IF NURSING HOM TATE 136 CC Maryland Wi	OR OTHER INSTITUTION OUNTY COMICO	Salisbu	E ADMISSIONI VN ry	13d INSIDE CITY LIMITS?	John B. Pa	ZIP CODE HC	non H	ills 21801
1	14 FA	Fred FIRST	MIDDLE	Brumle	У	Minnie	WE		But'T	er
1	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT 215-12-6		John B. Pars	ons Home	Same as	13e	0
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O	r as a consequ r as a consequ	ENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	PART No	,
7	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WER IN CERTIFYING YES	RE FINDIN CAUSES	IGS USED OF DEATH? NO
1	1.10	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C)RPART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn C	OUNTY	STATE
		220.1 certify that (1) (this ho saw the deceased alive abave, (1) (we) (dia) (dia			86,0	nd that in(m) (aur) apınian (death accurred an The de	LY 13, 19 8 ate and haur and	fram the	that @(we) last causes stated
		226. SIGNATURE	t al	'l	J	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	ec .	7/13	186
			ALLEN			204 A RIVERSI		ISEVET.	MD.	21801
	230 B	BURIAL, CREMATION, REMOV SPECIFY) URIAL	7-16-			UL'S CEM.	23d LOCATION CITY OR TOWN MARION	SOME	RSET	MD STATE
		UNERAL DIRECTOR					E REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATI	URE
-		BAKER AND BOUL	NDS S.	ALISBÜRY,	MARYL	AND	0 1086 A	1 20 1.	.0	

DHMH - 16 60M 7/84 (VRA 15, 4)

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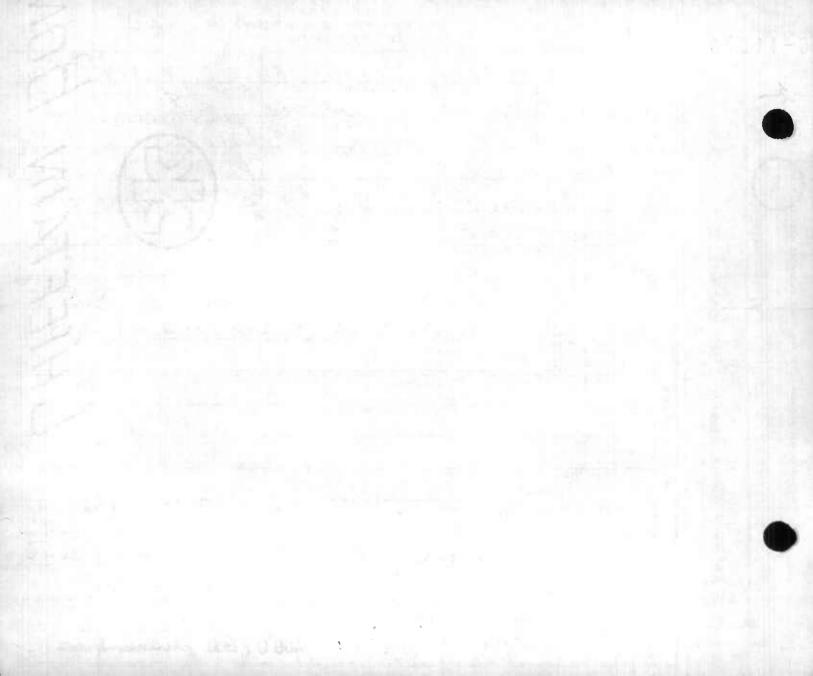


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	a d	5 /
100		CEASED NAME (IRST OR PRINT) WILL A	MIDDLE A RACE	Ta DATE O	rner	7 3	DAY YEAR O 8 C	3 Am
	1.364	male	negro	MONTH			MONTHS DATS	HOURS MIN.
2	THE EIF	RTHPLACE (STATE OR FOREIGN MOUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	440
1	50	elishara	11. NAME OF HOSPITAL, NU	IRSING HOME C	Park .	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE		of BUSINESS OR he Newsen
7		RESIDENCE (# NURS PME OR TATE COUN	ITY IS TITY OR	BEFORE ADMISSIONI TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	151	21851
2	FA	THER'S NAME THOMAS	urner LAST		Seral	4 Church	LAS	л
7		VAS DECEAŜED EVER IN U.S. AR. (ES. NO ORONKNOWN) (IF YES. GIV	MED FORCES? 166 SOCIALS E WAR OR DATES) 179-12	SECURITY NO. 2-2253	17 INFORMANT	ADDRESS		
The second secon		PART I. DEATH WAS CAUSE	DUE TO, ORASA CONSE	brivas EQUENCE PF	red are	ecident textos clexoso	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH Cays
	NO		ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 100	a
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDIN YING CAUSES S	
1	MEDICAL CER	710 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED {ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
	MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			attended the deceased from 2 2 C	19 . ar		, ta, death accurred an the date and have	_	that (I) (we) last causes stated
		226 SIGNATURE	5 Bulbe	lay (ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7- T	30 8C
		OJohn T.	Bulkeley		Salishu		801	
	23a B	URIAL, CREMATION, REMOVAL	8-04-86	MAT S	ING PROTE	28d. LOCATION GITY OR TOWN	COUNTY	STATE

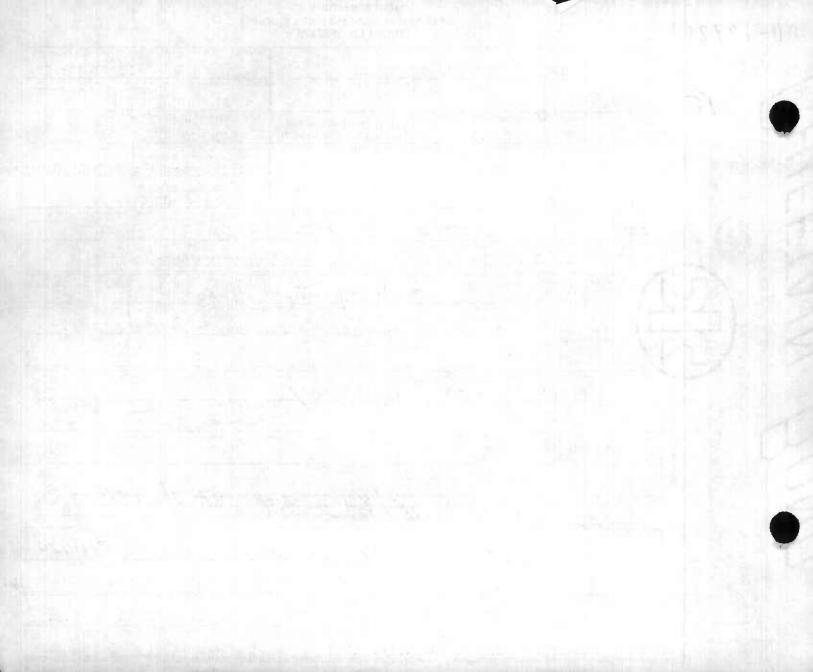
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR INTO N Stewart



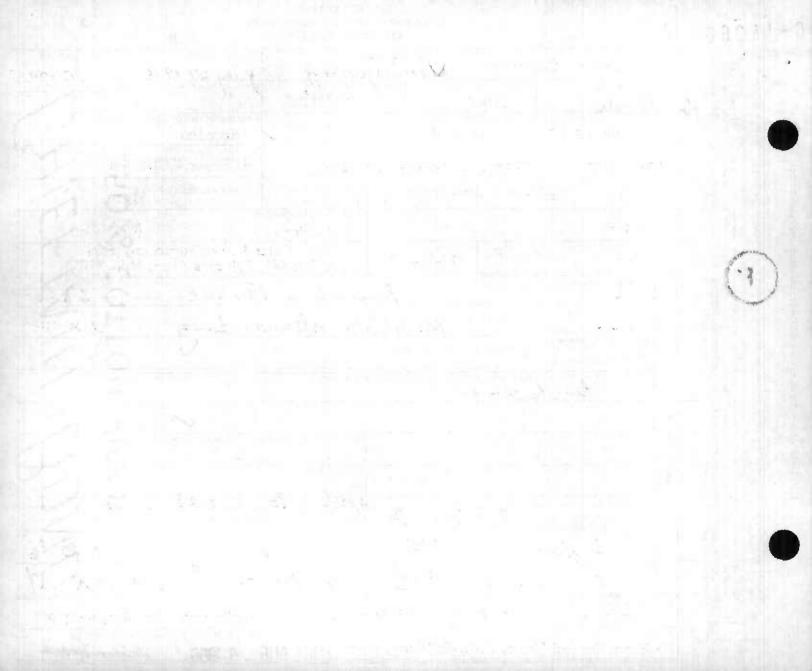
forester California x Cc. 1 - Box 374 - Soore Well despect M eliter transfer metricle Aboda Eg on Acus - gui madi . I monis - duli-i-la

Circleton - Calcala Company of the Calcala - Smerce - 100



				SIAI	E OF MAKTLAND		1 1				
	1.	FOR STATE	DEF		EALTH AND MENTAL HY	GIENE O Z	400				
4 2 6 8		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
	1. DE	CEASED NAME FIRST	MIDDLE	- \A/	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
€ £	(TYPE	OR PRINT) Jacoba C	atherina Val	n Wagenbe	erg	1. 1 -5 100					
deo	- 22			S. DATE	enberg	July 29,1986	IF UNDER 1 YEAR IF UNDER 24 HI				
84	3. SE	×_Female	4. RACE			MAGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI				
A	-	Female	Cane.	03	30° 1920 AR	66 YRS					
150		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8		9 BALTIMORE CITY OR COUN	TY OF DEATH				
K G		HOLLAND	11 C.A	MARRIE WIDOW	D NEVER MARRIED D	Wicomico					
1 /2-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			12a USUAL OCCUPATION	126. KIND OF BUSINESS O				
1 9/			Peninsula G	E STREET ADDRESS)		Manager - Gift	LIFE INDUSTRY				
1200	-	Salisbury			Spitai						
201	130.3	STATE	OR OTHER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE				
3	1	Maryland Sor	merset Allen		YES NO		21810				
5	M. F	ATHER'S NAME		7-1-1	15. MOTHER'S MAIDEN NA						
Pa /6//	1/	Captain	Fooy the	\$1	Catherina	WIDDLE	(Unknown)				
0/0/0											
die g	100	WAS DECEASED EVER IN U.S. YES, NOTE UNKNOWN) (IF YES.		22-2479	17 INFORMANT Dri	es N. vanWagenbe	erg (Son)				
Property of		140	123-	22-24/7	P.O. Box 549	Princess Anne,	Md. 21853				
1 4		18 CAUSE OF DEATH (Enter	only one couse per line for (o),	(b), and ici.i	(1	- 0-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
de de		PART I. DEATH WAS CAU	ISED BY:	Kes	malon	FRILKRE,	6 lass				
0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		IMMED	IATE CAUSE (o)	,							
non non			DUE TO, OR AS A CON	SEQUENCE OF	atio rdeno	a 1.	7 mos				
off of the roun		Conditions, if ony, which	(b)	recusu	up were	e. fare	2 //				
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF							
d, cr		underlying couse lost	(- (c)			•					
urio y, or		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.									
her to b	Z	Perm	de soual								
- v io -	FICATION	19g DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED				
os h	문		/			IN CER	TIFYING CAUSES OF DEATH?				
5 6 5	CERTI				Tal How was a serve	YES NO NO	YES NO				
H Y		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LICUID A M. MONIT	H DAY YEAR	71t. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)				
a piol	¥	(IF EITHER NOTIFY MEDICAL EXAM		19							
A Me	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION		COUNTY STATE				
the ond	Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
of the or					Amel . The	7-28	16				
Heo			ispital) attended the deceased	9/	19 19	10 /- 20	., 19, that (II (we)				
21		sow the deceosed olive obave, (1) (we) (did) (did	not) view the body ofter death.	-19-0-0	nd that in (my) (our) opinior	deoth occurred on the date and h	our and from the causes stated				
RE hed		226. SIGNATURE		110	DEGREE		224 DATE SIGNED				
# # D	1	L HO	20mm /	0	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7-20-11				
old be do	1	22d. PHYSICIAN'S NAME (M.	E OR PRINT!	1. (1)	22e. ADDRESS	Λ	1 1				
th the Sta		1	Chaman.	Mill.	Din BOX	40 Prince	SC HOUR MIC				
AP AP			OL 1.		PUTO		12 1 (0) 1 (0)				
", =	23a.	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION	COUNTY				
		Cremation	7/29/1986	Salisbu	ry Crematory	Salisbury, Wice	omico, Maryland				
	24 F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR 756. REG	ISTRAR'S SIGNATURE				
- 16 60M 7/84	Ы.	HOWAY Funeral	Home, P.A., Sa	lishury A	Maryland A	0 4 4000 /4	Savidson Randalle				
(A 15, 4)	I I IC	Mowdy I metal	Tiorne, I .A., Ju	Transfer in	Marylana All	16 4 1000 France	WELL STORY				

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U - 1	3413		CEASED NAME	FIRST		MIDDLE		LAST		Ze. DATE		ONTH	DAY YEAR	26 HOUR	
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	FILES. FILES.	David				1000		olk		DEATH	MAIED [1	171986 1192		
	PLEASE ECTOR. R FILES. HOURS STREET,	3 SEX	4 RAC		ATE OF BIRTH	YEAR LAST BIRTH			UNDER 24 HR	PRONOUN	CED	НТИС	DAY YEAR	2d HOUR	
	* SABER	N	ale Wh	ite	11 13	13 72		DATS	MIN	DEAD	CED	7	171986	1925	
	24 ER/	7a. B	RTHPLACE (STATE OR	7b. (CITIZEN OF WH		18			9 BALTIM	ORE CITY OR C	OUNTY		11727	
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1	AS THE STATE OF	III. C	TY OR TOWN OF DE	ATH 11.		ITAL, NURSING HOA		ER INSTITUTIO		JSUAL OCCUP	ATION (TYPE OF V	VORK 12	L KIND OF BU	SINESS	
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5	25298 //		L RESIDENCE (IF IN NU	REING HOME OR OTH	ER INSTITUTION, GIVE			had lucing city	(IMITES 112. C	TOPET ADDRE	ce				
1	F AND SHOULD SHO	N	aryland	BECOUNT	-	13. R. H. L. H. R. L.	е	YES THE CITY	NO TI	256 E.	Gitting	s Av	re., 21:	239	
19	- K. S. S	14 F	THER'S NAME	-					S MAIDEN NA						
N.	URS AFTER DEATH. 18. GIVE PAGES 1, 28 17. PAGES 1 WND 2, DIVISION OF WITH	1	Nathan	MIC	DDLE	Volk		FIRST MIDDLE Ida				+**	ritch		
V	20850 —	140 \	VAS DECEASED EVER	INITIS A PAGED	FORCECS	166. SOCIAL SECUR	TV NO	17. INFORMA			ADDRESS	CLO	71 6611		
M	SECOND 1	100	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C		100. SOCIAL SECOR	11140.	II. IIII OKMA	(14)		ADDWE22				
BALTIM	A SINA		Yes	IIWW		218-01-44	19	Mrs. I	Lena G.	Volk,	same as	#13	3e		
	24 HOURS A ITEM 18. GIT LONG WITH FREMIT, PA GIENE, DIVIS		18 CAUSE OF DEAT	H (Enter only and	e cause per line f	ar (a), (b), and (c).)							APPROXIMATE BETWEEN ONSET	INTERVAL	
IS	17EM 1 ITEM 1 IONG PERMI VAL.		PART I DEATH W	'AS CAUSED BY:	USE (Cardiac :	Dysrk	vthmi	a				mins	AND DEATH	
Õ	WITHIN 24 I FENCIL IN ITE MINER ALON TRANSIT PER INTAL HYGIE OR REMOVA			IMMEDIATE CA	O3E (U)-	AS A CONSEQUENCE	- V	3			Aprilla David		W.LILO		
ES	WITHIN S NCIL IN INDER AL RRANSIT VIAL HYC		Configure if any which									5.0			
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3	UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS OMENTAL H		cause (a) stating lying cause last.	the under-	DUE TO, OR A	AS A CONSEQUENCE	OF								
20	PASSAS		(c)									1000			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAM EF A BURIAL HEALTH AND MEI AL, CREMATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T to												
Ö	D BE EXECTION OF THE PROPERTY AS A BUT AN A CREMATI	Z													
E	A CENTER	CERTIFICATION	19a DATE OF OPER	TION	TION CONDITI	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
¥	SHOULD ORD "PE CHIEF A TOF HE ORIAL,	2	THE DATE OF OTER	111011	IND. CONDITI	BITON TON WINCH OF ENAMED WAS FER ONNED:							20 AUTOPSY?		
5	WORD WORD HE CHIE ENTOF	Ē									YES 🗌	NO 🖾			
- P	CATE SHO HE WORD THE CHI UID BE US TO BORI	19	210 EXTERNAL CAU		POLIR A M	MONTH DAY YE	21c. H	O YAULNI WC	CCURRED (ENT	ER NATURE OF INJ	JRY IN ITEM 18 PART	OR PART	2)		
Z	SHIP OF A PARTY	1	UNDERLYING CONTRIBUTING			19	"								
Sic	R: THIS CERTIFICATE TE, WRITING THE WARNARDE TO THE R: PAGE 3 SHOULD B E: STATE DEPARTMEN D, 21201 PRIOR TO B	MEDICAL	214. INJURY OCCUR		21e PLACE O	FINJURY (AT HOME.	21f LO	CATION							
>	THIS CER WARDED PAGE 3 S TATE DEP	¥	WHILE NOT	WHILE	STREET, FACTO	DRY, FARM, ETC.)		TREET		CITY OR TOW	/N	COUN	TY	STATE	
	WRI WARE VAGE		AT WORK AT W	ORK											
	POR HES		220. I certify that	I took charge of t	the remains desc	ribed above, held an	Autop	sy 🔲 . I	nspection X	. Inquiry	x and in	ту аріп	ian		
	NO FILE S		death resulted from	: Natural ca	uses X	Accident . S	uicide [Hamicide	a D. Hay	determined ma	5	,			
	REG BENE	13				, ,	orerae L			desermined ma	tiller [],				
	ECETIFICATE OULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		ACTUAL	1 0	-	01-10		Dept				DATE	7-17-	06	
	SEX FEW ->	0/	SIGNATURE	This	302	-COPECEC	\ _^	.D. DCP	a oy M	EDICAL EXAM	INER	GNED.	1-11-	.00	
	ON A POR		EXAMINER'S NAME	Tale	D 3.1	3	1								
	A D B C B C		(TYPE OR PRINT)	John '	Bulk	celey, M.	D.	ADDRESS	Salist	oury,	Maryla	nd			
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR A FIRE DIRECTOR AFTER DEATH, WITH THE BALLIMORE, MARYLAND	23a B	JRIAL, CREMATION,	EMOVAL 236 D	ATE	73c. NAME OF C	METERY C	R CREMATORY	Y 23d	LOCATION		COUNTY	ST		
07/84		1	Burial	7.	-22-86	Garden	s of	Faith	1	Baltimo	re, Mar			A1E	
25M	ALL TOWN		JNERAL DIRECTOR			1050 V	owle D	2 250	DATE REC'D.	BY REGISTRAL	256 REGISTRA	AR'S SIG	NATURE		
	DHMH - 17	Ru	ck Towson	Funeral	ADDRESS	TOOU I	MA O	1204	JUL 2	3 1986		THOON	-Africa	-	
	(VR A15 ME (5))		J. LOWSOII	runeral	nome, 1	Inc. Towson	, Md . 2	1204	PART C	J 1000	u				

LEGISLE THE RELEASE SERVICE OF THE STREET

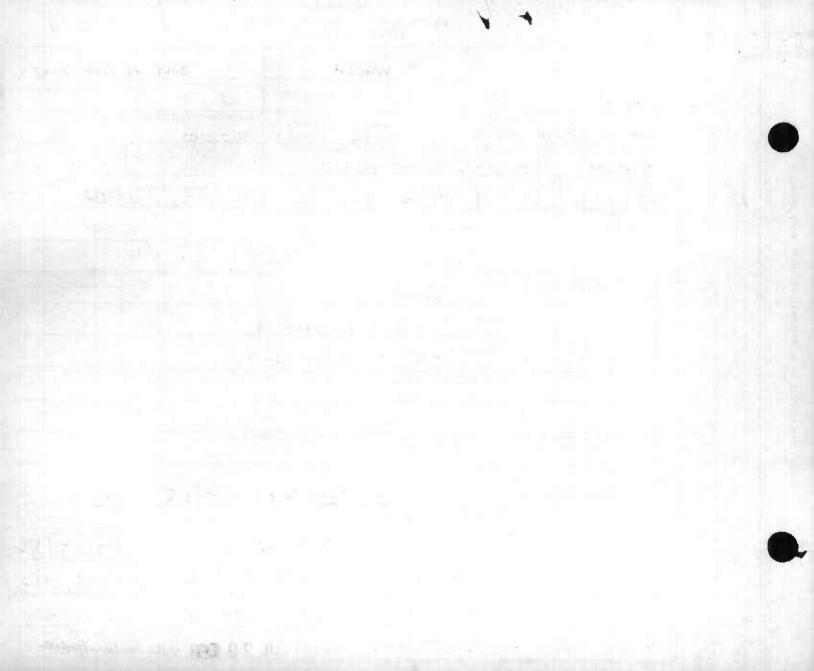
	1				STATE OF MA		63	0 1		
0-13238	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF HEALTH CERTIFICATE		REG. NO	2 1 4	5 2	
0 0 2 0 0		EASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH		26 HOUR	
2 75	(ITPE	OR PRINT)	Willia	\mathcal{R}	WALLER	Tr	July 22,	1986	44 M	
0 4	1. SE		4	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT			
or other A	/	Male		Black	July 15,	1951 YEAR	35	YRS MONTHS DAYS	S HOURS MIN	
1126		RTHPLACE (STATE (OUNTRY)	1	LAS A	MARRIED WIDOWED	EVER MARRIED DIVORCED	WICOMICO	R COUNTY OF DEATH	MD	
120	10 C	TY OR TOWN OF		1. NAME OF HOSPITAL, NUR	ING HOME OR OTHE		120 USUAL OCCUPATION		OF BUSINESS OR	
2 2/11/1/	1	alisbury		Deer's Head C			LUD ONE			
235	13a S	at residence (IFN	136 COUNT	THER INSTITUTION GIVE RESIDENCE BEF 130. CITY OR TO	WN 134 IN:	SIDE CITY LIMITS?	13. STREET ADDRESS	n in million	7	
1 1 10		THER'S NAME	1.10.0.10		7-0	THER'S MAIDEN NA		31001		
W 1 11/190	V	Willia	m B	ichard Wall	erSc R	4the Mai	- FINUS	ens Wa	Mon	
# 130	16s. V	VAS DECEASED EV		ED FORCES? 166 SOCIAL SE	CURITY NO. 17 INF	ORMANT	ADDRE	ŞS	11.	
W (100)	1	NIA	N/	A 316-56-	0209 4	utchie	Thee (eal)	loc		
1 1111		18 CAUSE OF DE	ATH (Enter only	one cause per line for (a), (b),	and (c).1	,	· ·	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	
The state of the s		PART I. DEATH	4	2015						
Z so de			IMMEDIATE	DUE TO, OR AS A CONSEC	OUENCE OF					
Barre de Care		Conditions, if ony, which (b)								
A Pa		gove rise to cause (a), str underlying ca	ating the	DUE TO, OR AS A CONSEC	DUENCE OF					
to the part of the				((c)						
Se property	NO.	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART	ila:	
8 11110	CATE	190 DATE OF OPE	RATION	196 CONDITION FOR WHI	H OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	INGS USED	
* 100007	표						YES NOT	IN CERTIFYING CAUSE		
£ 59 1323	CE K	21a ACCIDENT WAS	UNDERLYING	21b. TIME OF INJURY	21c Hc	DW INJURY OCCUR	RED (ENTER NATURE OF INJUR			
日	14	OR CONTRIBUTING			DAY YEAR					
N SEE SAN I	20	(IF EITHER NOTIFY A		P.M. 21e. PLACE OF INJURY	19 211 LC	CATION				
William Control of the Control of th	1 2		WHILE	(AT HOME, STREET, FACTORY OFFIC	E FARM, ETC)	STREET	CITY OR TO	WH COUNTY	STATE	
A STATE OF S			(I) (this Hospic	l) attended the deceased fram	3 /19	10	D 10 7/20/	A-/2 10	that (Ix (we lost	
A P S S S S S S S S S S S S S S S S S S				7/2) view the body after death.	0///	n (my) (Qui) opinian	death accurred an The do	ite and have and from th		
A STATE OF S		17h SiGNATURE	e) (dub) (did not)	view the body after death.	DEGREE				ESIGNED	
0 4 0 50 2			00	0 24	Sac	ATTENDING	MEDICAL STAF	F 1/ 7/	22/0 X	
A SPECIAL PRINT	1	224 PHYSICIAN'S	WAME ON ON	rently y	22e Al	DDRESS	DIRECTOR PHYSIC	IAN US	700	
HOSPIT med by funes hithe hithes hithes hithes hithes hithes hithes hithes hith		IN J	A HWAN	G M.D.	De	er's Head	Center, Sa	lisbury, Md	. 21801	
5 5 5 5 3	73a F	URIAL, CREMATIC	N GENOVAL	23b. DATE 23	. NAME OF CEMETER	Y OR CREMATORY	23d, LOCATION			
BP.		SPECIFY	1	7-71-81	Wesley	^	GITY OR TOWN	COUNTY	I PATA	
	24. FI	DUV INTRAL DIRECTOR		1/-00-06		Cemeter 1250. DA	TEREC'D. BY REGISTRAN		ATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)		Jan H	* 7/	H Cambones	· das	1 111	24 1986	Lection was thour	سالله الرابع	

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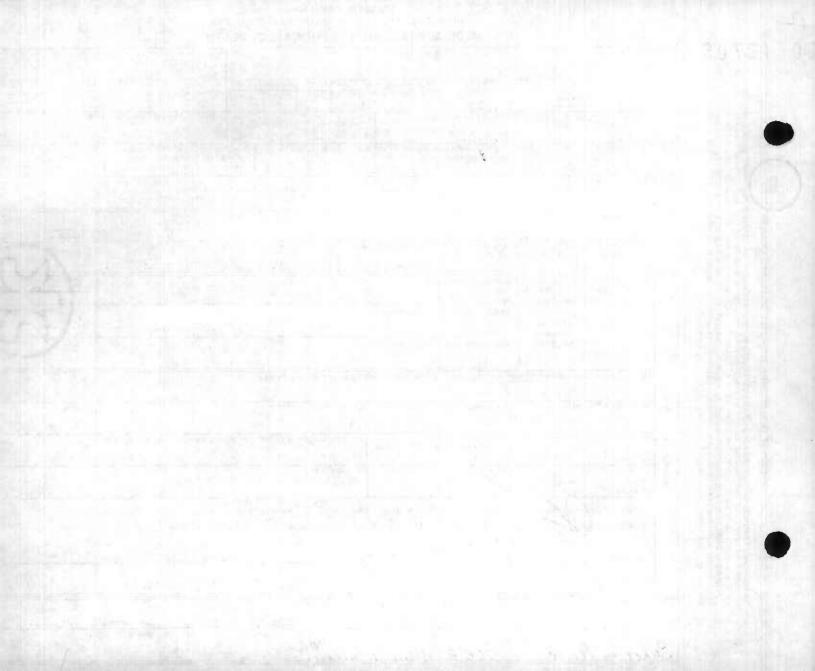
July 15, 1991 - Element

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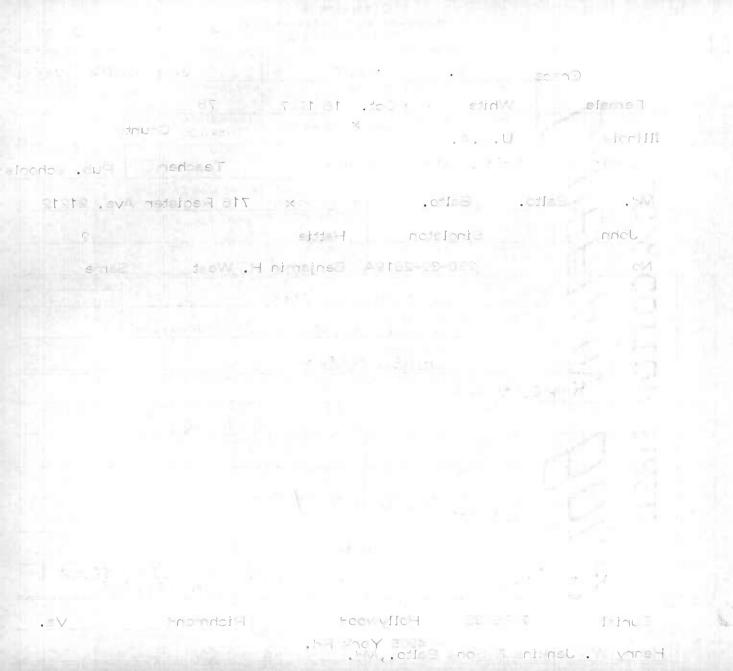
Jane V. grou Contra, Delivoury, No. 21501 Hall

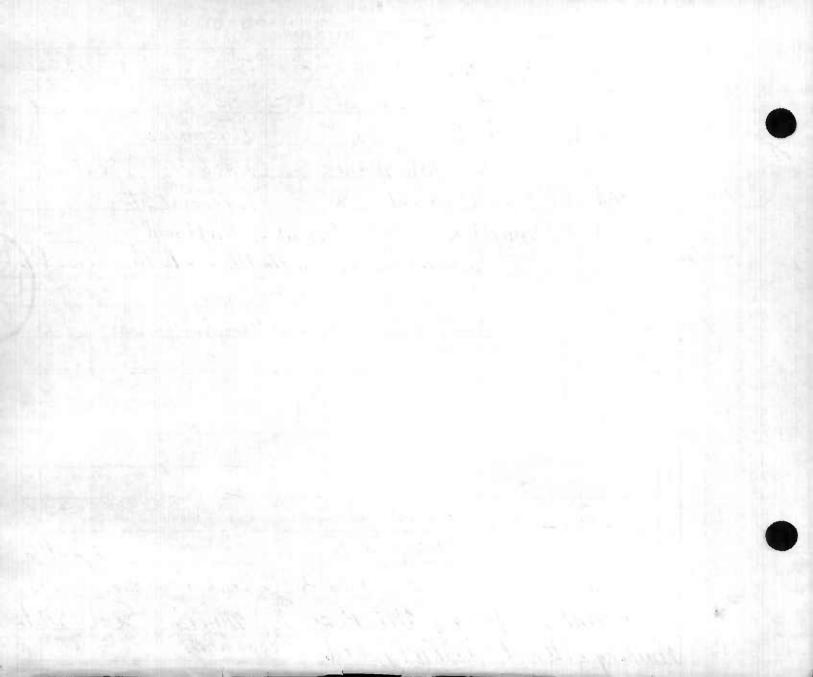


120		FOR			DEPARTME		OF MARYLAI ALTH AND M		IENE	9 1	17 6	21	
1		- STATE REGISTRA	R				'S CERTIFI			REG. NO.	-4		
0 -	13706	DECEASED N	IAME FIRST		MIDDLE		LAST		20. DATE	KNOWN T	MONTH DAY	YEAR	26 HOUR
	25 8 5 8 F.	(TIPE ON PRINT)	KENNE	TH WAY	NE	1	WEBB		OF DEATH			1986	M
	TREE	3. SEX	4 RACE	S. DATE OF BIRTH	6. A		IF UNDER 1 YR.	IF UNDER 24 H			MONTH DAY	YEAR	2d HOUR
	DUR DUR DN S	MALE	WHITE	OCT. 30	1954	31 YRS.	MONTHS DAYS	HOURS MIN	PRONOUN DEAD	CED	7-18	1986	9:53 _M
	SSAL	7a BIRTHPLACE		76. CITIZEN OF W	HAT COUNTRY		AARRIED NE	VED MADDIED	9 BALTIM	ORE CITY OR			
	IS NECESSARY, PLEASE EUNERAL DIRECTOR. E. 5. FOR YOUR FILES. ED, WITHIN 72 HOURS IN. PRESTON STREET,	MARYLAN		U.S.A.			IDOWED -	DIVORCED		comico	County		MD.
	SE SE SE		WN OF DEATH	TI NAME OF HOS	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK OF IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)							IND OF BU	SINESS
1	TOTAL AV IS NEW TOTAL AV IS NE	Salisbu	ıry				Hospital		STEEL WO		CONSTRUCTION		
(6	TO SERVICE SER	USUAL RESIDE	NCE (IF IN NURSING HOME:		130 CITY OR		13d INSIDE C		STREET ADDRE		1)10	3/	
1.	2014 全班早期	Md.	WICO		SALIS		YES X		425 HAMM		210	01	
	MO TENTO	14. FATHER'S N	AME	MIDDLE	LAST		15 MOTH	ER'S MAIDEN N	IAME	DDLE		LAST	
	ORE MO CEATH IS COES 1 2. COES 1 3. COES 1 3.	WILLIA	M J	ACKSON	WEBB		ID			ELIA	MEE	RRITT	
	WAS SER		ASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL	SECURITY NO	D. 17 INFOR	MANT		ADDRESS			
	TON ST. MATER D. 24 HOURS AFTER D. 11 HEAVILY PAGES I GERRE, DIVISION D. 20 AL.	NO			214-6	6-9577	LIND	A A. WE	BB Sa	me as	13e.		
	WII. P	18 CAU	SE OF DEATH (Enter or								86	APPROXIMATE	INTERVAL AND DEATH
	N S H H H H H H H H H H H H H H H H H H	> 3		TE CAUSE (o)	raniocerebral injuries							111	
	AAC	0	071		AS A CONSEC	DUENCE OF			111				
	NER AN	gov	ditions, if any, which e rise to immediate	(b)									
	A A A A A A A A A A A A A A A A A A A		e (a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CONSEC	QUENCE OF							
	CUTED CUTED IN IN P IN IN P IN IN I			(c)									
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN HEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER, ALONG TO FUNDEND SHOULD BE SHOULD BE USED AS A BURIAL TRANSIT REWISH AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HUGIBN. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		NER SIGNIFICANT CONDITIONS	NDITIONS CONTRIBUTING TO DEAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10									
	ME AND ASS	THE	E OF OPERATION	1196. CONDI	TION FOR WH	CH OPERATION	ON WAS PERFOR	RMED?			I20	AUTOPSY?	
	TAL REAL USE OF FRAIL	SE										YES 😡	NO 🗆
	WO HE SENTENT	21a EXTE	RNAL CAUSE WAS	216. TIME O			TE HOW INJURY	Y OCCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 PAR	T 1 OR PART 2)	123 13	140 🖂
	NO THE CALL	UNDERL'	YING OR BUTING CAUSE OF	DEATH 3 . 35P.N	MONTH DA	1986	Subject	foll f	rom hoje	rh+ a+	worle o	ito	
	IVISION CERTIFICATION TO TO T	2 Id INJU	RY OCCURRED	21e PLACE	OF INJURY (A	THOME. 2	II LOCATION	Tell L		-77/2010		1.00	
	PINS CI WRITING WARDE SAGE 3	WHILE AT WOR	NOT WHILE	1 1	Idina		411 Snow	Hilt R	D. CITY OR TOV	isbury.	Mi COUNTY	co Co	STATE
	E TH RE, V S PA S, 21	200	11	1 /	District Control	DARCE - TO			7			0000	· /Pa.
	A SCENE	-	1 // 1	ge of the remajors de	Accident X	10.1	Home	Inspection L	Indetermined mo		n my opinion		
	RETIFE VITH	geom v	XZ	Kan	ACCOUNT CA	177		SPECIFY)	naererminea mo	nner,			
	A SOLATION	ACTUAL	100 ///	Kon	und	Wa			MEDICAL EXAM	IN ICD	DATE T	/19/8	6
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		110	0	9.877)	M.D		MEDICAL EXAM	IINEK	SIGNED	1.1.21.0	
	RECUTER FEET OF THE FEET OF TH	EXAMIN (TYPE OF	PRIL () Joh	n E. Smia	lek, M.	D.	ADDRESS_	111 Per	n St.,	Baltimo	ore, Mo	1. 212	201
	53.45.48. - 8.45.48.	230. BURIAL, CR	EMATION, REMOVAL		23c. NAM	E OF CEMETI	ERY OR CREMAT	ORY 2	36. LOCATION		COUNTY	ST	ATE
07 25	784 BP	BURIAL		7/22/1986	SPR	INGHIL	L MEMORY	GDNS.	HEBRON	- Inc. and	WICOMI		d.
23	DHMH - 17	24 FUNERAL D	- 1	ADDRESS			a. Md.	DATE REC	D. BY REGISTRA	R 756 REGIST	KAR'S SIGNA	TURE	
	(VR A15 ME (5))	Daker	and Bounds	705	E. MG	un St.	Salsbury	192 23	J. IDOU	1.1	0		



	- 1						51	ATE OF MAR	YLAND					
		FO STA				DE			ND MENTAL H	YGIENES	6	2	1 41	6 5
1-13761			GISTRAR				CER	IFICATE O	F DEATH		REG. N	10.	1 -	0 0
10101	1	DECE AS	EDNAME	FIRST		MIDDLE		LAST		2a. DA	TE OF DEATH	MONTH	DAY YEAR	2b. HOUR
noy be poge 3 rr deoth		1	_	Grace		S.	1	WEST			J	ULY .	35,1986	1245 PM
log of a	AAL	. SEX			4. RACE			E OF BIRTH		6. AGE	(IN YEARS LAST BE		IF UNDER TYEA	R IF UNDER 24 HRS
oge 4	2		emale		Whit		0	ot. 1	6 1907		78	YRS.	MONTHS DAY	HOURS MIN.
eoth. Pe	/	COUNT	LACE (STATE OF RY)	FOREIGN	L.S		MAR	RIED NEV	ER MARRIED DIVORCED	W-	ICOMICO			MD
offer de with the fur had a with the with the fur had a with the fur had a with the fur had a with the with the fur had a with the	2/	0 CITY O	isbury	11 NAME OF HOSPITAL, NURSING H			HOME OR OTHER INSTITUTION			UAL OCCUPAT F WORK FOR MOST Pact	OF WORKING	(IFE) INDUSTR'	of BUSINESS OR	
hours be fi	70	USUAL RE	SIDENCE (IF NUF	ISING HOME OR	OTHER INSTITUTION	, GIVE RESIDENC	E BEFORE ADMISSK	ON)		1 000				30,10013
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NIC PHYSICIAN. The low requires that the death certificate be executed within 24 hours of sthe who should have been signed by the attending physician and completely filled in by a stretch by the buriol-transit permit. Then please remove carbon pages. Pages 3, and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removal.	0	M		Balt	0.	Balto		YES [NO 🔀		6 Reg		Ave.	21212
RYL within	2	4 FATHE	R'S NAME FIRST	^	MIDDLE	LA	ST	15 MOTH	ER'S MAIDEN I	NAME	MIDDLE	HYT		AST
AM b day	74		John			Single		Ha	attie		MIDDLE			?
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hysicip boopers		18.0	AUSE OF DEA	TH (Enter onl	y one couse pe	r line for (o),	(b), and (c).)							OXIMATE INTERVAL N ONSET AND DEATH
T., T	*		PART I. DEATH	WAS CAUSED IMMEDIATI		Car	diogo	MIC	Shock	4.				
N S Cer				MARCOIAII			SEQUENCE O							THE STATE OF
STC deoth then then then ton,		Co	nditions, if on	v. which	DUE TO, C		cute	my	ocard	ial	mtor	ction	3.	
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beer mit.	7	CERTIFICATION 110 110 110 110 110 110 110 110 110 11	DATE OF OPERA	NOITA	196 COND	ITION FOR V	VHICH OPERA	ION WAS PE	RFORMED	20a	AUTOPSY?		ES, WERE FIND	
he lo on. hos t peri		Ĭ.								YES	□ NON		TIFYING CAUSE YES [7]	S OF DEATH?
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SICIAN ng phy certific viol-treentol Hem. 11	1 11	- 00.	ONTRIBUTING				H DAY YE	AR						
PHYSICIA ending plants certifine buriol-ind Mentol dor Hem.		_	INJURY OCCUP			OF INJURY		9 211 LOC	ATION					
71SIC Trem The the ond		WH AT W	HE MOIN	HILE 🗀			OFFICE, FARM, ETC		REET		CITY OR T	OWN	COUNTA	STATE
DIVIS or offer the e of the or of th			ORK AT WE	NK NHC	al) attended th	he deceased	hom 7	12186	10		7/23		10 86	4
OR STATE		220.	certify that (I				_19	-	my) (our) opinio	on death oc		ote and he	our and from th	, that (h (we) lost
AT AT SECT POSP OF SO SECT POSP OF SO SECT POSP OF SECT P		22h	obove, (I) (we)	did (did not	view the body	atter deoth.		DEGREE	7, (== , == , == , == , == , == , == , =			-		
AL OR The h AL DIR detoche ote Dep				Mg	-6			WB	ATTENDING	DIREC	TOR PHYSI	CIAN	71	25/86
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Tetorior of warm	-				-	•	Ton Marine					153	VILY.	
		(SPECII	L, CREMATION	, REMOVAL	23b. DATE	00			OR CREMATOR		CITY OF TOWN		COUNTY	STATE
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DHMH - 16 60M 7/	/84		AL DIRECTOR			ADI	RE4905	York	Rd. 250. D	ATE REC'D.	BY REGISTRAF	25b. REGIS	STRAR'S SIGNA	ATURE
(VRA 15, 4)	1	Her	nry W.	Jenk	ns & S	Sons E	Balto.	Md.		111 2	0 1086	/silvare	ALTERO T	1-1-1-1





		FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENES 6	21667
-13867	100	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	
4 60		James	H	WHEELER	July	2, 1986 36
6 6 6	1.5E)		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 note		Male	13/1	May 31, 1936	50	YRS
2 32 20		CTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	×	R COUNTY OF DEATH
1 122		MP	115-1	WIDOWED DIVORCED	MICOMICO	M
9/		lisbury	TI. NAME OF HOSPITAL, NUMBER OF HOSPITAL, NUMB	RSING HOME OR OTHER INSTITUTION (REET ADDRESS) Center	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
135	130 S	LA RESIDENCE (IF NURSING HOME TATE		FORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	ZIP CODE South 5
E ALM	[4. FA	THER'S NAME	NI DOIL CO	15. MOTHER'S MAIDEN N		
1/1/1	1	102VY	MIDDLE (AST	MAY WAVE	MIDDLE	MILPALOV
5 0 8	Tés:V	AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIALS		ADDRE	SS
1 10 12	1	ES NO GRUNKNOWN) I HEYES GI	(VE WAR OR DATES)	2.908) Cloevano	CP	MAPPLEY
4 954		18 CAUSE OF DEATH (Enter o	nly one couse per line for 10), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the state of		PART 1. DEATH WAS CAUS	TE CAUSE (a) Caydia			i hour
artice		WW.Co.	DUE TO, OR AS A CONSE	EQUENCE OF		
Mary Company		Conditions, if ony, which	(1b)			
he of the o		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	SOUFNCE OF	1 100 - 51	
1 100	1	underlying couse lost.	(c)			
y, o		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
the state of	ŏ	Hypertops	ine carciovas	aulan disease		
1 11117	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
25 424 47	E				YES NO	YES NO
Z TOTAL	8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
A 101 17	3	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19		
Sept of Wall	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f LOCATION	CITY OR TO	WN COUNTY STATE
of the party	2	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OF	rice, ranm, etc.)	,	
2 4 4 5 E		-	ottol ottended the deceased from	om	6 10 7/5	19 8 , that (I) (we) le
THE BOAT TO		sow the deceased alive of	of view the body ofter death.	19 6, and that in (my (gur) opinio	on death occurred on the de	ate and hour and from the causes stated
A Property		22b. SIGNATURE	of view the body offer deoth.	DEGREE		224 DATE SIGNED
6 2 6 6 6			1	ATTENDING		
AN SEPTEMBER	1	22d. PHYSICIAN'S NAME LIVE	OR PRINT)	PHYSICIAN Ze ADDRESS	DIRECTOR PHYSIC	JAN 2/8
HOSPITAL Week Ity II FUNERAL Ithe State ORTANT	-			//	D CENTRED CA	LISBURY MD. 2180
O HOSPITA TO FUNESA Mould be do with the State MAPORTANI	_	I IN JA HWANG	M.D.	DEER'S HEA		LISBURY, MD. 2180
The Paris of		SURIAL, CREMATION, REMOVA	L 23b. DAJE	231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Rupis	116186	Crockes Com	· (QLISUR	owo. Cav. m
DHMH - 16 60M 7/B4	74. F	INERAL DIRECTOR	10 JAN 12.	25a. D	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	12	o Xala	E PLANTE	esch Woshuell J	UL 3 U 1000	Julie Davidson Randalle

alsi r A Later to the October 18 and the Control of the Co

770	1-	FOR STATE		DEF		IEALTH AND MENTAL HY	68 6 2 1 4 6 6
72	1.05	REGISTRAR	FIRST	MIDDLE		AST STATE	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUL
		CEASED NAME OR PRINT)	Guy	Leeland		VILSON	July 8, 1986
-> 10	3. SE	(ACE	5 DATE (6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 3 MONTHS DAYS HOURS
0		Male		White	June	70 7070	74 YRS.
Soly I	70. BI	OUNTRY) Marylan	nd 76 C	U.S.A.	MARRIE WIDOW	D NEVER MARRIED	
0	S	ty or town of DEAT alisbury		NAME OF HOSPITAL, N (IF NOT IN SUCH EACHLITY, GIVE Deer 'S Head	STREET ADDRESS) Center	OR OTHER INSTITUTION	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Retired Policeman
L	130 5	AL RESIDENCE (IF NURSIN TATE Varyland	WICON	nico Salisb		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Benita Avenue 21801
2	11.	THER'S NAME osiah	MIDDL	Wilson LA	ST	15. MOTHER'S MAIDEN N	Shockley
Paragraph 1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) YES		0.00017551	10-3762	907 Vincen	rnes W. McWilliams Street, Salisbury, Maryland 21
ol, cremation, or remaval. or other traumotic event, th		PART I. DEATH WA Conditions, if any, gove rise to imme couse (a), stating underlying couse	MMEDIATE CA	AUSE (0) (1) hilar	SEQUENCE OF	susperted constitution	
prior ta buriol, cremation, or reconstruction of reconstruction of the state of the	ICATION	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	which ediote lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	Comedication	Winom 7 lung 3month
ows any injury, or other traumotic e	ERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNI 190 DATE OF OPERATE	which ediote the lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 196. CONDITION FOR V	SEQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? YES NO
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